LANCASHIRE COUNTY COUNCIL.

EDUCATION COMMITTEE.

FORTY-FIRST

ANNUAL REPORT

OF THE

County Medical Officer of Health

AND

School Medical Officer

FOR THE

YEAR ENDED 31st DECEMBER, 1949.

PRESTON:
PRINTED BY T. SNAPE & CO., LTD., BOLTON'S COURT.
1951.

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SCHOOL HEALTH SUB-COMMITTEE (1949-50).

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H. Hyde, Esq., C.A., J.P.

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J. Eastham, Esq., J.P.
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R. Matthews, Esq., J.P.
J. Molyneux, Esq., J.P. (*Deceased 16th July, 1949.*)
Henry Norcross, Esq., J.P.
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J. Welch, Esq., M.A., LL.B.

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A. Crompton, Esq.
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C. E. Travis, Esq.

OTHER MEMBERS.

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W. Griffin, Esq. (*Deceased 18th October, 1949.*)
Lady Robinson
Rev. Canon W. Rowe
Mrs. O. A. Williams, M.A.

CHIEF EDUCATION OFFICER—

A. L. Binns, Esq., C.B.E., M.C., M.A., B.Sc.

MEDICAL STAFF.

(Jointly with Health and Welfare Services.)

County Medical Officer of Health and School Medical Officer.

F. Hall, C.B.E., M.D., Ch.B., D.P.H., Barrister-at-Law.

Deputy County Medical Officer of Health and School Medical Officer.

S. C. Gawne, M.D., B.S., M.R.C.S., L.R.C.P., D.C.H., D.P.H., Barrister-at-Law.

Chief Assistant County Medical Officers.

R. W. Eldridge, B.Sc., M.D., Ch.B., M.R.C.S., L.R.C.P., D.P.H., D.P.A.
T. S. Hall, M.B.E., T.D., B.Sc., M.D., B.Ch., B.A.O., D.R.C.O.G., D.P.H.

Senior School Dental Officer.

I. F. McAsh, L.R.C.P., L.R.C.S., L.R.F.P.S., H.D.D., L.D.S.

Superintendent School Nurse and Health Visitor.

Miss Evelyn Robinson.

Deputy Superintendent School Nurse and Health Visitor.

Mrs. A. H. Crawshaw. (*Appointed 17/1/49.*)

Divisional School Medical Officers.

F. W. Bunting, M.B.E., M.D., Ch.B., D.P.H.
A. C. Crawford, T.D., M.B., Ch.B., D.P.H., D.T.M.
A. Dodd, M.D., Ch.B., M.R.C.S., L.R.C.P., D.P.H.
L. Fay, M.D., Ch.B., D.P.H. (Resigned 31/5/49.)
J. G. Hailwood, M.D., Ch.B., M.R.C.S., L.R.C.P., D.P.H.
G. H. Potter, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H.
R. E. Robinson, M.A., M.R.C.S., L.R.C.P., D.P.H.
T. P. Sewell, M.D., Ch.B., D.P.H.
A. S. Simpson, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.
J. E. Spence, M.B., Ch.B., D.P.H.
A. V. Stocks, M.A., M.B., B.Ch., D.P.H.
J. A. Tomb, M.B., Ch.B., D.P.H.
C. H. T. Wade, B.Sc., M.D., Ch.B., D.P.H.
E. H. Walker, M.B., Ch.B. D.P.H.
J. Walker, M.B., Ch.B., D.P.H., L.D.S., D.P.D.
R. C. Webster, B.Sc., M.D., B.Ch., B.A.O., D.C.H., D.P.H.
G. G. Wray, M.D., Ch.B., D.P.H.

Assistant School Medical Officers.

Hazel I. Ashford, M.B., Ch.B., D.P.H.
Constance Atkinson, M.B., Ch.B., D.P.H.
Beryl A. Barlow, M.B., Ch.B., D.P.H.
Evelyn F. Bebbington, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H. (Appointed 1/5/49.)
Helen G. M. Bennett, M.B., Ch.B., D.P.H.
G. Bridge, M.D., Ch.B., D.R.C.O.G.,. M.M.S.A. (Appointed 12/1/49, Resigned 30/6/49.)
J. Brooks, M.R.C.S., L.R.C.P., D.P.H.
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Elsie Catlow, B.Sc., M.B., Ch.B., D.P.H.
Marguerite E. Cliff, M.D., Ch.B., D.P.H.
W. R. M. Couper, M.B., Ch.B., D.P.H. (Resigned 30/6/49.)
D. G. Crawshaw, M.B., Ch.B., M.R.C.S., L.R.C.P., D.C.H., D.P.H. (Resigned 31/12/49.)
G. T. Cribb, M.B., Ch.B. (Resigned 31/12/49.)
Mary A. T. J. Curtin, M.B., Ch.B., B.A.O., D.C.H., D.P.H. (Appointed 7/1/49.)
D. J. Cusiter, M.B., Ch.B., D.T.M. & H., D.P.H. (Appointed 26/9/49.)
Marjorie T. Dare, M.B., Ch.B.
*R. S. Davidson, M.R.C.S., L.R.C.P., D.P.H.
J. B. M. Davies, M.D., B.S., D.P.H.
J. N. Dobson, M.B., Ch.B., D.P.H.
W. J. Elwood, M.B., Ch.B., B.A.O., D.P.H. (Appointed 13/1/49.)
Mary Evans, M.B., Ch.B., D.P.H.
R. W. Farquhar, B.Sc., M.B., Ch.B., D.P.H.,
W. Y. Fettes, M.B., Ch.B., D.P.H.
D. J. Fraser, M.B., Ch.B., D.P.H.
*Mary L. Gilchrist, M.B., Ch.B.
J. A. Gillet, M.B., Ch.B., D.P.H.
Margaret M. Goudie, M.B., Ch.B., (Appointed 1/4/49.)
*A. R. Graham, M.B., Ch.B., D.P.H., Barrister-at-Law.

*Part-time.

R. C. Gubbins, M.B., Ch.B., D.P.H.
Mary Hamill, M.B., B.Ch., B.A.O., D.P.H. (Appointed 1/4/49.)
G. G. W. Hay, M.B., Ch.B.
W. S. Haydock, B.A., M.D., B.Ch., D.P.H.
G. Higgins, B.Sc., M.B., Ch.B., D.P.H.
Irene E. Howorth, B.Sc., M.B., Ch.B., D.R.C.O.G., D.C.H.
Lilian W. Hughes, M.B., Ch.B.
J. R. Jagger, M.B., Ch.B., D.P.H.
Dorothy M. James, B.Sc., M.D., Ch.B., M.R.C.S., L.R.C.P., D.P.H., T.D.D.
T. S. Jones, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H.
J. C. Joyce, M.B., B.Ch., B.A.O., D.C.H., D.P.H. (Appointed 4/3/49.)
J. Katz., M.D., D.P.H.
Ellen Kay, M.B., Ch.B., D.P.H. (Appointed 8/11/49.)
Barbara M. Knight, M.B., Ch.B., D.P.H.
D. Longbottom, M.B., Ch.B., D.P.H. (Resigned 18/2/49.)
*W. F. Lyle, B.Sc., M.D., B.Ch., B.A.O., D.P.H.
W. E. MacDougall, M.D., B.S., L.R.C.P.S., L.R.F.P.S., D.P.H., L.D.S.
*Frances H. McKane, M.B., Ch.B. (Resigned 31/12/49.)
W. J. McLeod, M.D., B.Ch., B.A.O., D.P.H.
Jane O. Millar, M.D. Ch.B., D.R.C.O.G., D.P.H.
Susan H. Montgomery, M.B., Ch.B.
T. P. O'Grady, M.B., B.Ch., B.A.O., D.P.H. (Appointed 1/5/49.)
F. O'Nolan, M.B., B.Ch., B.A.O., D.P.H. (Appointed 16/3/49, Resigned 31/10/49.)
W. Paterson, M.B., Ch.B., D.P.H.
Roberta T. Rankin, M.B., Ch.B., D.P.H.
R. Rhydwen, D.S.C., M.B., B.S., M.R.C.S., L.R.C.P., D.P.H. (Resigned 19/2/49.)
*C. Royle, M.B., Ch.B., D.C.H.
H. W. Rutherford, M.B., Ch.B., D.P.H.
W. Sharpe, B.Sc., M.B., Ch.B., D.P.H. (Resigned 15/7/49.)
Fanny Stang, M.D., L.R.C.P., L.R.C.S. (Appointed 9/4/49.)
E. Taylor, M.B., Ch.B., D.P.H.
Mary Townend, M.B., Ch.B., D.P.H.
*A. E. Wall, M.B., Ch.B., D.P.H.
J. C. Watson, B.A., M.B., B.Ch., B.A.O., D.P.H. (Appointed 1/2/49.)
Cecilia F. G. Wild, M.B., Ch.B., (Appointed 11/4/49.)
J. L. Wild, M.A., M.B., B.Ch., M.R.C.S., L.R.C.P., D.P.H.
C. R. Wilson, M.B., Ch.B., D.P.H.
J. H. Wood, M.B., Ch.B., D.P.H. (Resigned 31/10/49.)

*Part-time.

School Dental Officers.

(*Whole-time*).

H. Ackers, M.B., Ch.B., F.R.C.S., L.R.C.P., B.D.S.
R. Ackers, L.D.S.
H. J. Appleyard, L.R.C.P.S., L.R.F.P.S., L.D.S.
T. N. Ashall, L.D.S.
T. A. M. Ashman, L.D.S.
Joan M. Bullough, L.D.S. (Appointed 3/10/49.)
Margaret E. Caldwell, L.D.S.
G. H. Craine, B.D.S.
E. Crosbie, L.D.S.
J. B. Davis, L.D.S. (Resigned 28/2/49.)
F. J. W. Dewhurst, L.D.S.
Joan Healey, L.D.S. (Appointed 21/2/49.)
J. S. Higham, B.D.S.
R. E. Hodgson, B.D.S.
V. Howarth, L.D.S.
D. Jackson, B.D.S. (Appointed 3/10/49.)
L. A. Jones, L.D.S.
Annie M. Kean, L.D.S.
J. Kershaw, L.M.S.S.A., L.D.S.
W. A. Linnell, L.D.S.
T. G. Lloyd, L.D.S.
F. Lomax, L.D.S. (Resigned 31/7/49)
Irene Michael, L.D.S. (Resigned 31/10/49.)
E. V. Pollitt, L.D.S.
A. W. Poole, L.D.S. (Resigned 31/10/49.)

B. H. Reid, L.D.S.
G. C. Royley, L.D.S.
A. E. Shaw, B.D.S.
H. O. Silcock, L.D.S.
I. D. J. Smith, L.D.S.
L. E. Stirzaker, L.D.S.
H. V. O. Trenbath, L.D.S.
A. C. Walker, L.D.S.
T. H. Wignall, L.D.S.
F. W. Williams, B.D.S. (Resigned 30/4/49.)
Frances I. Wilson, L.D.S.
L. C. Winstanley, L.D.S.

(*Part-time*).

A. E. Butler, L.D.S.
R. V. Clarke, L.R.C.P.S., L.D.S.
Olga Cropper L.D.S. (Appointed 31/1/49.)
R. Hawksworth, L.D.S.
L. Mason, L.D.S.
Irene Michael, L.D.S. (Appointed 1/11/49.)
J. W. Sidebottom, L.D.S.
T. K. Whitaker, L.D.S.
W. A. Wolfendale, L.D.S.
W. Wright, L.D.S.

Orthodontists.

(*Part-time*).

J. W. Softley, B.D.S. | N. Wild, L.D.S.

Dental Anaesthetists.

(*Part-time*).

J. B. Davies, L.D.S. (Appointed 1/3/49.)
W. D. Oliver, M.B., Ch.B.
J. F. O'Grady, T.D., M.B., Ch.B., L.A.H.
R. S. Ritson, M.A., M.B., Ch.B. (Appointed 1/11/49.)
M. W. Sellars, M.B., B.Ch., B.A.O.
H. J. Simmons, M.B., B.Ch., M.R.C.S., L.R.C.P., D.A. (Appointed 1/12/49.)

Ophthalmic Surgeons.

(*Part-time*).

E. Allen, M.B., Ch.B.
H. B. Barker, M.B., B.S., M.R.C.S., L.R.C.P.
J. Berkson, M.B., Ch.B., D.O.M.S., D.A.
T. S. Blacklidge, M.D., B.S., M.R.C.S., L.R.C.P., D.O.M.S.
J. M. Brodrick, M.R.C.S. L.R.C.P.
K. R. Brown, M.C., M.B., Ch.B., D.O.M.S., D.O.
P. A. Harry, M.D., Ch.B., D.P.H.
Mary R. Hughes, M.B., Ch.B., D.O.M.S.
C. Jacobs, M.C., M.D., B.S. (Resigned 31/12/49.)
H. C. Kodilinye, M.B., Ch.B., D.O.M.S., D.O.
W. E. Lawson, M.B., Ch.B., D.P.H.
Monica Low, M.R.C.S., L.R.C.P., D.O.M.S.
N. MacInnes, M.A., M.B., Ch.B.
J. M. Morrison, M.B., Ch.B.
G. A. Renwick, Ch.M., M.B.
R. S. Ritson, M.A., M.B., Ch.B.
R. S. Scott, M.B., B.Ch., F.R.C.S., L.R.C.P. (Resigned 31/8/49.)
Dorothy Simmons, M.B., Ch.B.
H. B. Smith, M.Ch., M.B., B.Ch., B.A.O., D.O.M.S.
S. B. Smith, M.R.C.S., L.R.C.P., D.O.M.S.
W. Sykes, L.R.C.P., L.R.C.S., L.R.F.P.S.
H. V. White, M.C., M.D., Ch.B., L.M.S.S.A.
J. M. Wishart, M.B., Ch.B., F.R.C.S.

Mrs. I. E. James.
Miss M. E. James.
Miss M. H. Jenkinson. (Appointed 7/3/49.)
Miss P. John.
Miss H. M. Jones.
Mrs. H. Kay.
Miss G. K. Lamb.
Miss M. Lamb.
Miss E. M. Latham.
Miss J. M. Lawler. (Resigned 24/9/49.)
Mrs. E. Lee.
Miss G. M. Lloyd.
Mrs. M. Lord.
Miss M. Luckett.
Miss E. Lumber. (Appointed 1/3/49.)
Miss A. Lynch.
Mrs. C. Lynch.
Mrs. T. M. Lyon. (Appointed 12/12/49.)
Miss C. M. M'Cardell.
Miss A. McConnell.
Miss A. M. Makin.
Miss B. M. Malone.
Mrs. D. Maltman.
Miss M. E. Marsh.
Miss A. Melia.
Miss E. Middlehurst.
Mrs. W. Miller.
Miss I. Milne.
Miss L. Milner.
Miss M. A. Moore.
Miss E. Moran.
Mrs. B. Murphy. (Appointed 18/6/49.)
Miss M. B. Murray.
Miss M. Openshaw.
Mrs. M. Ormerod. (Resigned 30/6/49.)
Miss D. M. Parker.
Miss M. Parkington.
Miss D. Parkinson. (Resigned 14/2/49.)
Miss J. E. H. Paterson.
Miss M. E. Pearse.
Miss A. Perkins.
Miss E. A. Peters.
Mrs. S. M. Pilling.
Miss E. Pope.
Miss D. H. Proctor.
Miss L. Raine.
Miss D. E. Rhodes.
Miss E. M. Rigby. (Appointed 10/10/49.)
Miss J. Riley.
Miss M. V. Rimmer.
Miss M. Rist.
Miss M. Roberts. (Appointed 2/8/49.)
Miss C. R. Ryan.
Miss M. H. Ryden.
Miss J. Sanderson. (Appointed 1/2/49.)
Miss E. L. Sayer.
Miss M. Seddon.
Miss F. Sharples.
Mrs. A. Shaw.
Miss C. E. Sherman.
Miss E. Simm. (Resigned 31/10/49.)
Miss M. Simmons.
Miss E. Singleton.
Miss M. Singleton. (Retired 7/12/49.)
Miss E. L. Smeltzer. (Appointed 3/1/49.)
Miss C. M. Smith.
Miss M. Smith. (Resigned 9/8/49.)
Miss M. Snowden.
Miss M. Spenceley.
Miss J. M. Stables.
Miss E. J. Stanley.
Miss E. Steele. (Resigned 28/2/49.)
Miss E. W. Stewart, A.R.R.C.
Miss R. Sutcliffe. (Appointed 5/9/49.)
Miss H. M. Swain.
Miss M. Taylor.
Miss M. Thistlethwaite.
Mrs. A. Thomas
Miss M. Thomas.
Miss N. Thornton.
Miss J. Tomkinson.
Miss M. Torkington.
Miss K. I. Truman.
Miss W. A. Turton.
Miss D. R. Tweddle.
Miss F. M. Unsworth.
Mrs. F. H. van Someren.
Miss G. Waddicor.
Miss A. Walton.
Mrs. M. M. J. Warren.
Miss I. Watson. (Resigned 6/2/49.)
Miss E. C. Watterson. (Appointed 10/9/49.)
Mrs. A. Webb.
Mrs. R. M. Webber.
Miss J. M. Webster.
Mrs. G. Weir.
Miss A. M. Whitaker.
Miss A. Whiteley.
Miss J. Wild.
Miss M. Wild.
Miss M. Wilkinson.
Mrs. S. E. Williams. (Appointed 1/11/49.)
Mrs. K. Williams.
Miss M. Wilson.
Miss L. M. Winder.
Miss G. Woods.
Mrs. E. T. Wrigley.
Mrs. S. E. Yates.
Mrs. P. Yates. (Resigned 21/2/49.)

School Nurses.

Miss L. Ashburn.
Miss E. Banks.
Miss I. J. Brown
Mrs. M. C. Costello.
Miss L. Coyne.
Mrs. M. Crosby
Miss R. Draper. (Retired 31/10/49.)
Mrs. A. H. Frankland.
Mrs. A. Gregory.
Mrs. E. Iddon.
Miss F. Johnson
Miss B. A. Kelly
Miss M. E. Owens
Miss S. Plumpton. (Retired 31/10/49.)
Miss A. Rimmer.
Mrs. M. E. Smith.
Miss L. P. Sparkes.
Miss A. Ward.
Miss A. Willman.

Bleasdale House Residential Special School for Physically Handicapped Boys.

MATRON: Miss G. I. Davidson.

Broughton Tower Residential Special School for Delicate Pupils.

MATRON: Miss A. Canton.

Hostel for Maladjusted Boys, Brynbella, Rawtenstall.

WARDEN: Mr. J. Heath.

LANCASHIRE COUNTY COUNCIL.

EDUCATION COMMITTEE.

SCHOOL HEALTH SUB-COMMITTEE.

FORTY-FIRST ANNUAL REPORT

OF THE

COUNTY MEDICAL OFFICER OF HEALTH

AND

SCHOOL MEDICAL OFFICER,

For the Year ended 31st December, 1949.

To the Chairman and Members of the Lancashire Education Committee.

LADIES AND GENTLEMEN,

I beg to submit the Annual Report on the School Health Service for the year 1949.

The report shows that the main function of the Service, the carrying out of periodic medical examinations, received, as always, first attention, while further progress was made to meet more specialised needs. The increase of over ten thousand in the number of periodic examinations made, mainly among infants, is outstanding and there was a corresponding increase in the number of parents present on these occasions.

It may well be that the greatest benefit to be derived from the School Health Service is the opportunity it provides for contact between parents and doctors. This is far removed from the mere sifting out of grosser defects, necessary as this was in the early stages of the Service, and it opens the widest fields for health education and social medicine. If these regular examinations at specified intervals were not held, parents would not, as a rule, seek the professional advice which, though they may not realise it, is the kind of help most likely to meet their children's needs. The school doctor in assessing the health of the child at these times is also able to relieve the anxieties of parents. With their help he is able to form a general picture of the place of the child in the home and to share in the solving of problems which affect the family.

The Committee's plans for making fuller provision for children who are handicapped are steadily maturing. The value of Broughton Tower Special School for delicate pupils and of the Brynbella Hostel, Rawtenstall, for maladjusted boys becomes more and more clear and some account of their activities will be found in the report.

Bleasdale House, Silverdale, was opened in April, 1949, for physically handicapped boys, most of those admitted being quite severe cripples. Arrangements for the education of these children must be comprehensive and the making of full provision for them brings many problems. There is, however, no other way if severely crippled children are to be brought into community life to the fullest extent possible and it was with the urgency of this need in view that the Committee decided to purchase Kepplewray, Broughton-in-Furness, for a special school for physically handicapped girls, in addition to Singleton Hall which was acquired previously.

The speech therapy service was extended by the appointment of additional therapists and new clinics were opened in some areas. The two itinerant teachers of partially deaf children, appointed towards the end of the previous year, brought to light many important questions and the results of their work are awaited with great interest.

Reference was made in the last report to certain unfortunate results as far as school children are concerned, consequent upon the coming into operation of the National Health Service Act, and it was hoped that the difficulties which had arisen would prove to be temporary in nature. It cannot be said, however, that the position in this respect has improved to any appreciable degree during the year under review. There was still great delay in supplying spectacles though there was improvement in some districts. Perhaps more direct in its effect on health was the serious delay in securing operative treatment for tonsils and adenoids and here the position undoubtedly grew worse. Most serious of all was the absence of any sign of regaining the lost ground in the dental service for, although the effects of the resignations of dentists were not so crippling to the service as in some parts of the country, it is unfortunately not yet possible to see any practical way of arresting the steady decline in the number of dentists engaged in the conservative treatment of young children. Preventive treatment of this kind should be regarded as of first priority and the inevitable consequences of failing to maintain this principle will be seen in the years to come.

Otherwise, the many branches of the School Health Service have continued as in previous years and agreement has been reached with the two Regional Hospital Boards on various points of detail where co-ordination is essential.

Although this report appears over my name, the whole of the work recorded was carried out under the direction of my predecessor, Dr. F. Hall, C.B.E., whose valuable work and great interest in the School Health Service have already been acknowledged. As departmental head his wise counsel was invaluable, particularly during the period of re-organisation following the passing of the Education Act of 1944 and National Health Service legislation.

To the members of the Education Committee and the School Health Sub-Committee I am most grateful for their helpful and considerate administration and I wish to thank members for the interest and support they have given to the work of the Department.

I am, Ladies and Gentlemen,

Your obedient Servant,

S. C. GAWNE.
County Medical Officer of Health,
and School Medical Officer.

School Health Department,
County Hall, Preston.
April, 1951.

GENERAL STATISTICS.

The table below shows the number of schools in the County area on the 31st December, 1949, and the number of children on the roll :—

Type of School.	No. of Schools.	No. on Roll.
Nursery	22	951
Primary	964	196,883
Secondary (Modern)	128	42,879
Secondary (Grammar)	45	20,872
Technical	13	1,892
Special (Open-Air)	7	595
Special (Residential)	2	57
Total	1,181	264,129

CO-ORDINATION OF THE SCHOOL HEALTH SERVICE WITH OTHER HEALTH SERVICES.

The County Medical Officer of Health is also the School Medical Officer and the Chief Welfare Officer and the medical staff in the Central Office are concerned with the administration of the Public Health Acts, embracing the environmental services, the National Health Service Act, the National Assistance Act, and the School Health Service.

Divisional Administration.

In view of the duties placed upon local health authorities by the National Health Service Act, a scheme of divisional administration was set up by the County Council in 1948. Seventeen health divisions were established, the areas being as far as possible co-terminous with those of the hospital districts so as to assist as much as possible the co-ordination of all the medical services. The delegated functions are administered by representative divisional health committees to whom the chief adviser is the divisional medical officer appointed by the County Council. The areas and populations covered are larger than those served by the divisions set up for educational purposes, but as the divisional medical officer is also the divisional school medical officer for the whole of his division, a considerable degree of integration of the two services is possible through the assistant divisional medical officers and the health visitors and school nurses of the division, all of whom are responsible for much of the work entailed in the National Health and School Health Services.

There is further co-ordination through the employment of divisional medical officers and assistant divisional medical officers as Medical Officers of Health of the County Districts and in 73 out of 109 districts, medical officers of the County staff act in this capacity.

The dental staff are engaged in the School Health and Maternity and Child Welfare Services and with few exceptions the school nurses are also health visitors.

There is, therefore, every opportunity in most of the County area for dealing with the various problems of preventive medicine on a wide basis.

The following table shows the relationship in 1949 between Health and Education Divisions :—

Health Division.	Education Executive Area.	
	Whole.	Part.
1	1	—
2	3	2
3	5	4
4	15	2, 4, 6, 7, 18.
5	10, 11	7, 13.
6	8, 9	7
7	16, 17	6
8	20	19
9	21, Widnes Ex. Dist.	—
10	22	19
11	23, 25	13, 18
12	14, 24, 26	12
13	27, 33	12
14	28, 32	—
15	30, 31	29
16	Stretford Ex. Dist.	29
17	34, 35.	—

Diphtheria Immunisation.

Prior to the introduction of active immunisation against diphtheria, this disease was the most common single cause of death among children of school age in spite of efforts to control the spread of infection by compulsory notification, hospital isolation, disinfection of rooms, clothes, etc. It was also the third most common cause of death between one and five years of age.

The practice of giving artificial immunisation against diphtheria has, over the last decade, resulted in a remarkable decline in the incidence of the disease in those areas where a high proportion of children have received protection. In the Administrative County in 1938 there were 4,571 cases of diphtheria with 208 deaths, but with the development of schemes of immunisation the notifications had by 1949 fallen to 84 and only 5 deaths occurred.

Experience in other countries has shown that if threequarters of the children at each year of age below 15 were immune and this level maintained year by year, the disease would practically disappear. This figure has almost been reached in children of school age.

The scheme of the County Council for immunisation lays upon health visitors the duty of ensuring that children are presented for primary immunisation before their first birthday and, as there is evidence that the immunity conferred wanes with time, again on attaining school age. During the period of school life arrangements exist whereby systematic provision is made for administering reinforcing injections at a suitable age.

The table below shows the number of children immunised during 1949, together with those so protected during each of the previous three years :—

Year.	Number who completed a full course of primary immunisation during year at ages—			Number of reinforcement injections given (*i.e.*, subsequent to complete course).
	Under five.	5—14 inclusive.	Total under 15 years.	All children under 15 years of age.
1946 ...	21,684	7,078	28,762	20,824
1947 ...	22,909	4,486	27,395	16,277
1948 ...	26,315	3,801	30,116	17,755
1949 ...	25,749	5,978	31,727	24,855

Of the 24,855 children who were given reinforcement injections, 22,956 were of school age.

As will be seen from the table below, the percentage of the child population of school age who enjoy protective immunity is relatively high, this being no doubt due in the main to the movement into this group of immunised children from the pre-school age group.

Summary of Immunisation State of Child Population at End of 1948.

Year.	Number of Children Immunised Under five.	Estimated Population.	Per cent. Immunised.	Number of Children Immunised 5—15.	Estimated Population.	Per cent. Immunised.
1949 ...	84,833	167,430	50·7	195,417	265,800	73·5
1948 ...	80,069	165,111	48·4	183,861	258,898	71·0
1947 ...	74,145	155,203	47·7	191,518	248,371	77·1
1946 ...	68,813	142,622	48·2	185,100	247,107	74·9

Health Education.

As the staff of the Health Education Section of the Health Department were mainly engaged during 1949 with adult audiences it was not possible to pay particular attention, as in 1948, to the schools. The importance of health education was, however, not forgotten.

The number of meetings for Parent-Teacher Associations was greatly increased during the year. In this very important field teachers and parents were addressed by divisional medical officers and specialist lecturers, the subjects being illustrated in many cases by films. Infectious diseases, malnutrition, care of eyes, teeth and ears, and the psychology of fear are some of the topics which were discussed.

An interesting and successful experiment was carried out through one of the County schools where school children arranged a week's exhibition in their school under the heading of "Personal Hygiene." This was open to the general public, who attended during the normal school hours as well as in the evening. The divisional medical officer, together with his assistants and specialised lecturers, visited the school and addressed the children, their parents and the general public. Elementary demonstrations by the children in the field of bacteriology were of great help in dealing with the subject of food hygiene. Films were shown with the lecture.

The assistance of teachers in all health work has been invaluable, for their co-operation is quite essential to any measure of success.

MEDICAL INSPECTION.

Inspection is carried out in the schools and at clinics and is of three kinds.

1.—Periodic.

The Education Act provides that a Local Education Authority must make provision for the medical inspection of all pupils attending any school or County college maintained by the Authority. These inspections are made at certain times during school life and the parent cannot refuse to submit the child for inspection unless there is a reasonable excuse.

Regulations issued by the Ministry of Education require that these periodic examinations shall provide that :—

(*a*) Every pupil who is admitted for the first time to a maintained school shall be inspected as soon as possible after the date of admission.

(*b*) Every pupil attending a maintained primary school shall be inspected during the last year of his attendance at such school.

(*c*) Every pupil attending a maintained secondary school shall be inspected during the last year of his attendance at such school.

(*d*) Every pupil attending a maintained school or County college shall be inspected on such other occasions as the Minister may direct.

2.—Special.

These inspections concern children not due for periodic inspections but who are specially presented for examination by parents, teachers or school nurses when some defect is suspected.

3.—Re-inspection.

This is for children who, at a previous inspection, had some defect requiring treatment or observation.

The following table shows the number of inspections made during 1949 :—

Number of Schools in which Periodic Medical Inspection was completed	932
Number of Pupils examined :—	
"Entrants"	35,195
"Second Age Group"	22,252
"Third Age Group"	15,473
Total (Prescribed Groups)	72,920
Number of Special Inspections	45,091
Number of Re-inspections	48,982
Number of Parents present at Periodic Inspections...	33,060
Number of Parents present at Special Inspections	27,687

The most notable feature in this table is the increase in the number of "Entrants" examined, from 28,027 in 1948 to 35,195 in 1949. The total number of children examined, 72,920, in the prescribed groups shows an increase of over 10,000 and is, by a considerable margin, the largest number ever examined in one year. The number of parents present at periodic inspections was over 7,000 higher than in the previous year.

The total number of children found at periodic medical inspections to require treatment, excluding dental diseases and infestation with vermin, is shown in Table 1 (*C*)* and Table 2 (*A*)* gives a detailed analysis of the defects found at periodic and special inspections.

General Condition.

The figures in the table again show little change of note. The classes A (good) and B (fair) taken together have increased from 96·49 per cent. in 1948 to 97·08 per cent. in 1949. There was a reduction in 1949 in class C (poor) from 3·51 per cent. to 2·91 per cent.

Uncleanliness.

The school nurses are the essential link between clinic, school and home. Routine and special visits are paid to schools and parents are seen in the home when necessary. In no branch of the Service has their work been of greater value than in dealing with uncleanliness where so much depends upon their tact and understanding.

Cleanliness inspections were carried out in the schools during the course of 9,042 visits by the school nurses, an average of 7·6 for each school for the year. At these visits 548,852 examinations were made and 18,593 children were found to be verminous. This was 1,335 more than in 1948, or 7·0 per cent. of the children on the school roll, compared with 6·6 per cent. the previous year.

There was, therefore, a slight increase, though 7·0 per cent was appreciably below the previous two years, 7·5 per cent. in 1947 and 8·7 per cent. in 1946. There is every need for the vigilance of all concerned to be continued without relaxation.

ARRANGEMENTS FOR MEDICAL TREATMENT.

Minor Ailments.

Minor ailments continue to be treated in large numbers at 90 school clinics, which act as focal points for doctor, nurse, parent and child. Children are seen there who have been referred by the school doctor for further investigation or treatment in addition to the large numbers who come for the treatment of a great variety of minor ailments. Others are brought by their parents for consultation with the doctor.

Many additional clinics are still needed, some urgently, but no new building was possible during the year.

Plans were approved however for new clinic buildings in those areas where they are required most urgently and it was decided that the first should be erected in Droylsden.

The purchase of premises in Prestwich for clinic purposes was approved and also in Huyton, to replace an existing clinic. An additional clinic was opened in Denton.

Table 3, Group 1* shows the number of defects treated at minor ailments clinics during the year, excluding uncleanliness.

Skin Diseases.

The number of children treated for ringworm was little more than half of the previous year and there was no local outbreak of this disease. The two special lamps obtained for diagnostic purposes are used in different areas as required and are of great use when ringworm is suspected. There was a further reduction in the number of children treated for scabies and impetigo, by 33·3 per cent. and 28·5 per cent., respectively, an indication of sustained improvement in the standard of cleanliness.

Defective Vision and Squint.

The number of children found at periodic inspection to have defective vision was 6,015, or 8·24 per cent. of those examined, and of these 3,100 were found to require spectacles.

There are in the County 62 ophthalmic clinics attended by ophthalmic surgeons for carrying out refractions and prescribing spectacles, which were up to July 5th, 1948, supplied through the Committee's arrangements with various opticians throughout the County.

The supply of spectacles is now a function of the Local Executive Council with whom there has been the closest co-operation and spectacles are obtained through opticians who are recognised by the Local Ophthalmic Services Committee. Unfortunately, the delay experienced after the change over in 1948 in supplying spectacles prescribed for children, continued throughout 1949. The result of this is shown clearly in *Table 3, Group 11, where it will be seen that whereas in 1948, of 10,833 glasses prescribed 7,069 were obtained, in 1949, of 10,328 prescribed only 2,717 were received by the children. This is a serious position and cannot be allowed to continue indefinitely.

* For this table please refer to Appendix.

Provision for the treatment of squint was extended. In addition to the whole-time orthoptist in Eccles and two undertaking part-time duties in Waterloo and Chorley, another whole-time orthoptist was appointed for the Leigh area. At all clinics 738 children attended for treatment during the year and 63 were referred to hospital for operation. Attendance is good and there is a noticeable tendency for more children to be referred before they reach school age. This is all to the good and shows that parents are realising the advantages to be gained from early treatment. As a rule, the younger children are dealt with by regular vision checks, occlusion and observation, while the older ones attend for half-hour sessions for special exercises under the guidance of the orthoptist and using the special equipment installed at the clinics. Further clinics are needed and additional orthoptists will be appointed in due course in other areas.

Diseases of Ear, Nose and Throat.

Minor diseases of the ear, nose and throat are treated at the minor ailment clinics. Sessions are also held in 15 areas attended by specialists, to whom medical officers refer children for further consultation. These sessions are valuable in providing an opportunity for the specialists to confer with parents and school doctors.

Arrangements for the operative treatment for the removal of tonsils and adenoids were, of course, in 1949 a responsibility of the Regional Hospital Boards. Children continued to be referred to specialists and hospitals through whom provision for this form of treatment had been made by the Committee for many years, though during the year an increase in the time lag between referral and operation was detected which was subsequently to become even more marked.

Orthopaedic and Postural Defects.

Until July, 1948, the County Council were responsible for arrangements covering the whole of the orthopaedic scheme, that is to say, for after-care centres where new cases are seen by orthopaedic surgeons and for hospital treatment, including the administration of the Biddulph Grange Orthopaedic Hospital. This hospital is now controlled by the Midland Regional Hospital Board, but there has been no change in the arrangements for the admission of children from the County area. Treatment is also provided at the Ethel Hedley Hospital, Windermere, Heswall Children's Hospital and the Rochdale Children's Orthopaedic Hospital. These are all recognised as special schools and full provision is made for the varying educational needs of the children while treatment, which is often prolonged, is being carried out. The Lancashire Education Committee continues to be responsible for the provision of the educational requirements at the Biddulph Orthopaedic Hospital.

There are 30 after-care centres in the County, each visited at least once a month by an orthopaedic surgeon.

The following tables give some details of the treatment received in 1949 —

	Biddulph Orthopædic Hospital	Ethal Hedley Orthopædic Hospital.	Rochdale Children's Orthopædic Hospital.	Royal Liverpool Children's Hospital.	
				Myrtle Street Hospital.	Heswall Country Hospital.
In-Patients, 1st January, 1949	69	5	8	...	12
Admitted during the Year	161	24	10	67	22
Discharged during the Year	142	18	14	67	27
Remaining on 31st December, 1949... ...	88	11	4	...	7

Name of Hospital.	Congenital Defects.			Diseases of the Central Nervous System.		Affections of Bone.	Acquired Defects.	Total Defects.
	Spine.	Upper Limbs.	Lower Limbs.	Anterior Polio-Myelitis.	Spastic Paralysis.			
Biddulph Grange ...	26	7	38	30	17	12	31	161
Ethel Hedley ...	1	...	4	6	1	6	6	24
Rochdale Children's	1	1	3	1	1	2	1	10
Liverpool Myrtle Street ...	2	2	25	7	6	2	25	69
Heswall Country ...	4	...	9	1	1	5	2	22
Total	34	10	79	45	26	27	65	286

After-Care Centres.

The following is a summary of the work done during the year in the After-Care Centres :—

	Children Attending School.	Pre-School Children.
No. of individual children attended	3,259	1,689
Total no. of attendances made	16,187	8,220
No. of children referred to Consultant Orthopædic Surgeon at Hospitals (Manchester Royal Infirmary or Myrtle Street)	120	51
No. of children recommended for operative treatment by orthopædic surgeons at centre or hospital	158	50
No. of plasters made at centre	95	101
No. of surgical appliances, *e.g.*, boots, irons, etc., supplied through centres	1,013	516
No. of children given remedial exercises	1,499	589
No. of children for whom treatment has been refused by parents or guardians	3	1

Defects from which children were suffering :—

	Children Attending School.	Pre-School. Children.
Paralysis—		
Infantile	194	70
Spastic	160	46
Other—Birth Palsy	11	11
Deformities—		
Congenital	481	373
Traumatic	81	7
Other	1,793	628
Rickets	278	482
Infections	93	4
Tuberculosis	23	...
Tumours	43	4
Miscellaneous	102	64
	3,259	1,689

School Clinic Attendances.

The following table shows the number of sessions held and the number of attendances made at the various departments of the 103 school clinics :—

Department.	No. of Sessions.	Attendances. Pupils in Attendance at School.	Attendances. Pre-School Children.
Minor Ailments and Inspection	11,566	180,553	5,949
*Dental	10,909	94,254	3,434
Ophthalmic	2,189	29,139	2,636
Orthopædic—			
Administrative County Clinics	1,426	14,621	7,388
County Borough Clinics	484	1,566	832
Ear, Nose and Throat	260	2,978	274
Artificial Light	1,338	12,780	8,597
Speech Therapy	1,070	7,311	83
Child Guidance	263	718	...
Orthoptic	1,312	5,193	566
Skin	61	1,648	204
Miscellaneous—			
Asthma, Cardiac, Orthodontic	396	2,029	26
Totals	31,274	352,790	29,989

* In addition Nursing and Expectant Mothers made 4,051 attendances at the Dental Clinics during the year.

The table on the following pages shows attendances made at individual clinics :—

Name of Clinic.	Minor Ailments.		Dental.			Ophthalmic.		E.N.T.		Orthopaedic.		Artificial Light.		Speech Therapy.	
	Pupils in Attendance at School.	Pre-School Children.	Pupils in Attendance at School.	Pre-School Children.	Nursing and Expectant Mothers.	Pupils in Attendance at School.	Pre-School Children.	Pupils in Attendance at School.	Pre-School Children.	Pupils in Attendance at School.	Pre-School Children.	Pupils in Attendance at School.	Pre-School Children.	Pupils in Attendance at School.	Pre-School Children.
Accrington	3,771	134	1,459	9	50	523	12	46	1	...	...	2,283	285	452	25
Ashton-under-Lyne ...	6,873	12	1,549	...	...	1,595	27	267	11	1,008	396	915	1,367	206	...
Ashton-in-Makerfield ...	2,675	45	...	5	93	598	148	...	...	...	...	...	...	...	...
Atherton	1,553	12	759	21	113	614	43	...	...	...	...	893	963	...	...
Audenshaw	886	21	2,015	149	44	495	79	...	...	...	...	...	...	...	...
Bacup	2,602	...	...	...	...	174	12	36	1	...	...	...	...	334	...
Bamber Bridge	496	8	1,156	29	12	219	21	...	...	...	...	...	...	...	...
Banks	42	1	347	1	...	...	...	...	...	...	...	...	...	...	...
Blackburn	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Bromley Cross	652	...	275	10	...	174	8	...	...	...	...	...	...	...	...
Carnforth	167	...	738	17	31	143	4	...	...	...	...	...	...	...	...
Chadderton, Central	1,220	...	...	...	...	148	6	...	...	525	254	435	410	...	...
Chadderton, Cowhill	776	...	1,737	136	430	...	...	...	...	...	...	...	...	...	...
Chorley, St. Thomas' Square ...	...	...	...	...	...	...	...	...	...	918	312	1,674	731	...	...
Chorley, St. Thomas' Road ...	2,290	4	1,112	14	3	1,147	143	...	...	...	...	...	...	...	...
Clitheroe	851	3	1,049	8	...	127	12	45	8	...	...	...	...	...	...
Colne	7,290	29	1,581	38	32	975	35	...	...	...	...	1,954	864	...	...
Crompton	1,906	17	620	14	46	275	6	...	...	...	...	...	...	...	...
Crosby, Prince Street	8,337	356	2,136	128	157	1,435	276	317	29	...	...	1,254	773	...	...
Crosby, Alexandra Hall ...	182	3	2,281	49	32	...	...	...	...	...	...	...	...	...	...
Crosby, Seaforth	4,434	358	...	...	...	...	...	...	...	...	...	...	...	...	...
Dalton-in-Furness ...	1,472	52	...	...	...	245	22	...	...	...	...	...	...	...	...
Darwen	1,901	41	1,251	7	42	336	36	213	21	276	121	224	233	37	...
Davyhulme	934	18	200	10	4	270	39	...	...	...	...	...	...	327	11
Denton	1,657	653	...	...	...	...	...	...	...	...	...	717	650	111	...
Droylsden	1,603	24	2,606	83	58	601	61	...	...	...	...	...	...	...	...
Earlestown	1,793	23	1,482	63	1	344	3	...	...	614	343	...	...	...	...
Eccles, Irwell Place	4,540	105	2,597	51	...	128	20	...	...	...	...	...	...	...	...
Eccles, Green Lane	...	...	...	...	...	...	...	...	...	554	309	...	...	452	...
Failsworth	1,419	6	1,189	99	187	413	10	...	...	...	...	...	...	...	...
Farnworth	7,856	977	3,679	85	89	1,109	58	71	5	...	...	...	...	...	...
Fleetwood	2,338	4	2,519	49	123	290	11	...	...	656	347	...	...	...	...
Formby	538	23	...	...	...	...	...	...	...	...	...	...	...	...	...
Garstang	41	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Haslingden	6,859	307	547	5	39	155	7	38	...	...	...	120	49	307	...

Name of Clinic.	Minor Ailments.		Dental.			Ophthalmic.		E.N.T.		Orthopaedic.		Artificial Light.		Speech Therapy.	
	Pupils in Attendance at School.	Pre-School Children.	Pupils in Attendance at School.	Pre-School Children.	Nursing and Expectant Mothers.	Pupils in Attendance at School.	Pre-School Children.	Pupils in Attendance at School.	Pre-School Children.	Pupils in Attendance at School.	Pre-School Children.	Pupils in Attendance at School.	Pre-School Children.	Pupils in Attendance at School.	Pre-School Children.
Haydock	1,113	42	516	57	27	113	6	...	...	812	251	...	...	...	...
Heywood	2,258	339	1,194	62	89	224	30	186	21	566	250	360	469	...	...
Hindley	1,648	25	1,383	31	25	313	27	...	...	...	...	...	...	...	...
Horwich	1,982	...	977	44	6	318	44	...	...	328	135	...	...	...	...
Huyton, Huyton House Road	9,833	61	...	...	...	...	...	...	...	...	...	...	...	...	...
Huyton, Derby Road	2,609	46	2,882	176	407	568	32	...	...	...	...	...	...	...	...
Huyton, Woolfall Heath ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Ince	2,482	138	1,510	15	20	309	45	...	...	...	...	...	...	...	...
Irlam	221	2	179	9	4	376	20	...	...	314	178	...	...	...	...
Kearsley	990	18	1,025	21	27	697	73	...	...	183	218	...	...	...	...
Kirkham	1,805	2	...	...	...	...	...	...	...	...	...	...	...	...	...
Lancaster, Thurnham House ...	3,056	80	3,358	97	55	595	27	323	71	585	131	...	...	...	...
Lancaster, Marton Street	71	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Lancaster, Ryelands	1,522	60	...	...	...	...	...	...	...	...	...	...	...	...	...
Lancaster, Queen Street	...	...	...	...	...	...	...	...	...	...	...	...	...	2,088	33
Leigh, Stone House	820	27	3,501	61	49	210	9	150	3	...	...	...	...	...	...
Leigh, Coalpit Lane	1,668	4	...	...	...	...	...	...	...	...	...	...	...	...	...
Leigh, Nangreaves Street ...	431	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Leigh, Boundary Street ...	618	17	...	...	...	...	...	...	...	...	...	...	...	...	...
Leyland	1,287	144	1,202	12	1	518	93	...	...	693	145	...	...	...	...
Litherland	1,361	7	1,329	102	80	525	10	...	...	1,121	297	...	...	...	...
Little Lever	...	...	281	...	...	...	...	...	...	...	...	...	...	...	...
Littleborough	973	2	861	...	...	276	2	...	...	...	...	...	...	...	...
Longridge	1.059	7	656	23	7	184	11	...	...	...	...	...	...	...	...
Lytham St Annes, Baths	320	38	...	...	...	...	...	...	...	...	...	...	...	...	...
Lytham St Annes, Public Offices ...	508	16	685	9	...	299	42	177	16	...	...	...	...	81	...
Maghull	760	19	...	...	...	...	...	...	...	...	...	...	...	...	...
Middleton	4,488	152	1,890	38	2	477	54	...	...	665	680	504	595	...	...
Milnrow	1,398	...	527	9	...	...	...	...	...	...	...	...	...	...	...
Morecambe & Heysham, Euston Road ...	3,780	...	1,810	...	...	349	...	120	...	...	...	...	...	...	...
Morecambe & Heysham, St. James' Hall ...	376	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Mossley	1,336	...	671	2	...	312	3	...	...	...	...	...	...	...	...

Name of Clinic.	Minor Ailments.		Dental.			Ophthalmic.		E.N.T.		Orthopaedic.		Artificial Light.		Speech Therapy	
	Pupils in Attendance at School.	Pre-School Children.	Pupils in Attendance at School.	Pre-School Children.	Nursing and Expectant Mothers.	Pupils in Attendance at School.	Pre-School Children.	Pupils in Attendance at School.	Pre-School Children.	Pupils in Attendance at School.	Pre-School Children.	Pupils in Attendance at School.	Pre-School Children.	Pupils in Attendance at School.	Pre-School Children.
Nelson, Carr Road	2,980	...	692	...	...	1,748	127	380	7	665	297	...	...	274	...
Nelson, Manchester Road	1,137	128	889	...	...	304	25	...	...	...	...	...	...	...	...
Ormskirk	1,766	10	750	10	19	...	...	...	...	860	442	...	...	...	...
Orrell	1,234	5	1,137	8	83	528	70	...	...	...	...	...	...	...	...
Oswaldtwistle	643	...	...	...	...	243	5	...	...	...	...	...	...	...	...
Padiham	1,599	147	1,514	...	...	321	16	...	...	...	...	...	...	...	...
Poulton-le-Fylde	1,453	5	...	...	...	...	...	...	...	...	...	...	...	...	...
Preesall	...	...	192	...	...	...	...	...	...	...	...	...	...	...	...
Prescot	280	3	1,282	77	170	256	5	...	...	800	487	...	...	...	...
Preston	...	...	...	...	...	...	...	...	...	...	...	...	...	72	...
Radcliffe	4,018	54	1,423	...	...	555	7	...	...	...	...	...	...	...	...
Rainford	126	8	226	10	19	...	...	...	...	...	...	...	...	...	...
Ramsbottom	1,245	3	671	3	...	386	10	...	...	...	...	...	...	...	...
Rawtenstall	3,225	349	1,133	5	25	257	56	74	10	282	265	1,045	584	471	10
Rishton	798	4	...	...	...	272	15	...	...	233	143	...	...	...	...
Rochdale	...	...	...	...	...	310	110	...	...	...	...	...	...	...	...
Royton	1,536	41	1,502	58	39	300	6	...	...	...	...	...	...	...	...
Skelmersdale	56	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Standish	1,674	15	...	...	...	257	46	...	...	...	...	...	...	...	...
Stretford, Old Trafford	2,948	95	...	...	...	650	264	223	65	1,067	888	...	...	198	1
Stretford, Mitford Street	744	26	2,838	515	120	...	...	...	...	...	...	...	...	202	1
Stretford, Trafford Park	705	42	1,148	127	145	...	...	...	...	...	...	...	...	...	...
Stretford, Lostock	1,971	87	...	...	...	...	...	...	...	...	...	...	...	...	...
Swinton and Pendlebury, Folly Lane	...	...	899	43	216	...	...	...	...	...	...	...	...	...	...
Swinton and Pendlebury, Victoria Park	3,629	28	1,500	37	171	467	4	312	5	211	230	284	361	318	2
Thornton-Cleveleys	2,065	4	2,404	264	137	247	25	...	...	...	...	...	...	89	...
Tyldesley	1,046	4	780	7	...	796	4	...	...	309	56	...	...	...	...
Ulverston	696	15	2,513	77	149	299	79	...	...	106	89	...	...	...	...
Walkden	946	10	1,540	34	82	353	24	...	...	...	...	...	...	...	...
Westhoughton	1,005	2	978	13	21	326	33	...	...	...	...	118	263	...	...
Whitefield	1,345	30	715	13	...	562	55	...	...	270	124	...	...	...	...
Whitworth	781	...	737	27	...	...	...	...	...	...	...	...	...	...	...
Widnes, Kingsway	5,933	127	5,470	258	270	496	23	...	...	...	...	...	...	...	...
Widnes, Mill Brow	2,242	225	...	...	...	...	...	...	...	...	...	...	...	...	...
Widnes, Town Hall	...	...	...	...	...	...	...	...	...	...	...	...	...	1,292	...
Total	180,553	5,949	94,254	3,434	4,051	29,139	2,636	2,978	274	14,621	7,388	12,780	8,597	7,311	83

HANDICAPPED PUPILS.

It is the duty of local education authorities to make suitable provision for handicapped pupils in the area. There are eleven categories, as follows :—

Blind	Educationally Sub-Normal
Partially Sighted	Epileptic
Deaf	Maladjusted
Partially Deaf	Physically Handicapped
Delicate	Speech Defects
Diabetic	

Children who are handicapped in any of these ways require special educational treatment since they cannot be educated satisfactorily under the normal conditions of an ordinary school. Many children in several of these categories can continue their education at ordinary schools if suitable provision is made for them and this method has been widely used in the past in the County area.

Many pupils, however, must be educated in special schools if their abilities and aptitudes are to be developed to the fullest extent and the reason that some are still attending ordinary schools is because there are no vacancies for them in special schools. In the County area where the school children are more scattered than in the towns, the chief need is for residential schools if provision is to be made for the more seriously handicapped pupils and during 1949 further progress was made.

Broughton Tower, a residential special school for delicate boys and girls, and Brynbella, Rawtenstall, a hostel for malajusted boys, both consolidated their position as integral parts of the Service and accounts of their activities are given below. Early in the year, Bleasdale House, Silverdale, was opened as a special residential school for physically handicapped boys, this is to say, cripples. Plans were approved for the adaptation of Singleton Hall for a similar purpose and it was agreed that Kepplewray, Broughton-in-Furness, should be purchased for a school for physically handicapped girls. Work was also begun towards the end of the year on the adaptation of Sedgwick House, near Kendal, for epileptic pupils.

The number of handicapped pupils in need of education at special schools and the number actually placed, is shown in Table 6.*

Delicate Pupils.

Provision is made by the County Council for delicate pupils through Broughton Tower, a residential special school for boys and girls, and through six day special schools in Darwen, Eccles, Nelson, Stretford, Swinton and Widnes ; also by arranging for their admission to various residential special schools administered by other local education authorities and voluntary bodies and to convalescent homes.

Broughton Tower.

This school completed its second full year and continued to provide residential care for children suffering from delicacy due to a variety of causes.

Resident in school on January 1st, 1949	31
Admitted during the year	68
Discharged during the year	56
Resident in school on December 31st, 1949	43

The scope of the work carried out is shown by the following report from Dr. J. B. M. Davies, the assistant divisional medical officer who was responsible for the clinical supervision of the children.

" The following table gives details of the 68 children admitted during 1949, of whom 36 were boys and 32 girls :—

Diagnosis.	No. of Children.
Asthma	19
Debility	17
Bronchitis	14
Bronchiectasis	8
Rheumatic Endocarditis	3
T.B. Peritonitis	2
T.B. Cervical Gland (Healed)	1
Ulceration of Mouth	1
Hæmophilia	1
Splenic Anæmia	1
T.B. Spine	1

* For this table please refer to Appendix.

General.

" The most interesting feature is the striking similarity between the numbers and type of case admitted in 1948 and 1949. Eighty-five per cent. of all entrants came within one of the four main groups—Asthma, Debility, Bronchiectasis and Bronchitis, compared with 75 per cent. in 1948.

" The following table shows the length of stay in the school :—

Under six months	3
Six months	18
Seven months	4
Eight months	2
Nine months to one year	2
One year to one-and-a-half years	5

" The general pattern of the discharges follows that of the admissions, with the exception that the proportion of asthmatics is a little lower. This is due to the increasing tendency for the severe asthmatics to stay longer in the school. The majority of children stayed for six months, though there is no hard and fast rule on this point.

" It is interesting to note that of the five children discharged during 1949 who had been in Broughton Tower longer than one year, four suffered from bronchietasis—all of whom had been fully investigated at Baguley Sanatorium or Broadgreen Hospital, whilst in Broughton Tower.

" The general weight improvement of the children can be seen by comparing the weight of the children on admission and on discharge. Seventy per cent. of those discharged during 1949, were underweight when admitted but on discharge this figure had dropped to 40 per cent. Conversely, those of normal weight had increased from 30 per cent. on admission to 60 per cent. on discharge. This means that of those children who were underweight on admission, exactly half of them had improved sufficiently to be of average weight on discharge. The other half had also improved, but not enough to reach average weight. This may be thought to be disappointing ; it must be remembered, however, that many of those children who are ' underweight ' are undoubtedly very lightly built and will always be so. This emphasises the view that delicacy can hardly be assessed on weight alone.

" At the beginning of 1949, the special breathing exercises for asthmatics, as recommended by the Medical Research Council, were started for all asthmatic children in Broughton Tower. These exercises are carried out twice daily under the supervision of matron or sister. The children are encouraged to carry out these exercises by themselves and also to lead the class. A considerable improvement has been noticed in the depth of lower thoracic breathing, and in many the chest expansion, as measured over the sixth interspace, has doubled after two months' breathing exercises.

" All children, on admission, have a hæmoglobin estimation carried out and occasional unsuspected minor microcytic anæmias have been discovered in this way. The estimations are carried out by Dr. Bottrill, the Pathologist attached to High Carley Laboratories, who visits the school when requested and his assistance has been of the greatest value. Dr. Leggat, Consultant Chest Physician, has continued to visit the school to advise on all chest cases. A number of children have had bronchograms at High Carley Sanatorium and the very helpful co-operation of Dr. Leggat and Mr. Nicholson, Visiting Thoracic Surgeon, is much appreciated.

" Bronchiectasis cases have continued to give some of the best results of all the children admitted to Broughton Tower. This is seen both in cases requiring operative treatment and in those who do not. There is little doubt that for all children requiring operative treatment an initial period in Broughton Tower before admission to a chest hospital, and another period of at least three months in the school following operation, is the ideal programme both from the medical and educational viewpoints. The experience of 1949 has confirmed the impression gained in 1948, that bronchiectasis represents the most worth while type of case for a residential special school of this kind.

Follow-up Report of Fifty-three Children Six Months after Discharge from Broughton Tower.

Towards the end of 1949 the first ' follow-up ' reports were started. Each report gives a short account of the child's health since discharge from Broughton Tower and a medical report on his present condition, including a general estimation under the headings ' improved,' ' remained stationary,' or ' deteriorated.' A recommendation is included in the report under one of the following headings :—

1.—Fit to stay at Ordinary School.

2.—Should return to Special School as soon as possible.

3.—(*a*) Should attend Day Special School.

(*b*) Should go to Convalescent Home for short term stay.

Additional information is given in reporting the progress of asthmatic children.

" The details of the first 53 cases are given below :—

General condition at Follow-up Examination—

Improved.—30.

Remained stationary.—11.

Deteriorated.—12.

Recommendations—

To remain in Ordinary School.—36.

Return to Special School as soon as possible.—13.

Day Special School.—2.

Short stay in Convalescent Home.—2.

Of the 17 asthmatic children discharged over six months ago, assistant divisional medical officers considered that nine (53 per cent.) should return to special school as quickly as possible. Three children were recommended to stay in special schools or to be admitted to a convalescent home and only five were considered suitable to remain in ordinary school.

" As the ' follow-up ' reports are completed by many different assistant divisional medical officers, it may at first appear difficult to compare accurately their assessments of the conditions after six months with that of the child when discharged from the school. The following table is given in detail to show how remarkably consistent are these recommendations.

COMPARISON OF THE CONDITION OF ASTHMATIC CASES IN BROUGHTON TOWER AND AT 'FOLLOW-UP" EXAMINATION.

In Broughton Tower.			At 'Follow-up' Report.				
Case.	No. of Attacks.	No. of Attacks in last 3 months.	Onset of first attack at home.	Present frequency of attacks.	Breathing exercises at home.	Present state.	Recommendation.
K. W.	4 in 7 months	1	Next day	1 every month	No	Deteriorated	Return to Special School soon.
B. R.	Nil.	Nil.	2 days	1 every 2 weeks	Yes	Deteriorated	Return to Special School soon.
A. R.	Nil. (only wheezy)	Nil.	2 days	1 every 2 weeks	Yes	Remained static	Return to Special School soon.
M. D.	Nil	Nil	3 weeks	Daily for past 2 months	No	Deteriorated	Return to Special School soon.
D. B.	9 in 6 months	2	1 week	Daily	Yes	Deteriorated	Return to Special School soon.
D. G.	Nil	Nil	2 months	1 attack only	Not taught	Improved	Fit for ordinary school.
R. O.	Nil	Nil	2 months	1 every 2 weeks	Yes	Deteriorated	Return to Special School soon.
B. S.	6 in 8 months	1	2 weeks	1 in 5 months	Yes	Remained static	Fit for ordinary school.
M. M.	1 in 7 months	Nil	4 days	Nil for 5 months	Yes	Deteriorated	Admission to Convalescent Home.
J. A.	3 in 6 months	1	Nil	Nil	No	Improved	Fit for ordinary school.
E. N.	Nil	Nil	2 months	1 every 2 weeks	Yes	Deteriorated	Return to Special School soon.
D. C.	23 in 7 months	7	1 week	1 every month	Yes	Improved	Fit for ordinary school.
A. S.	12 in 10 months	5	3 weeks	1 every 2 weeks	Not taught	Remained static	Return to Special School soon.
M. D.	2 in 6 months	1	2 months	2 every week	Yes	Improved	Admission to Convalescent Home.
F. H.	Nil	Nil	9 months	Nil lately	Not taught	Improved	Fit for ordinary school.
B. T.	19 in 9 months	4	Next day	1 every week	Yes	Remained static	Return to Special School soon.
M. D.	10 in 7 months	2	4 weeks	2 every week	Yes	Improved	To attend Special Day School.

" Although these results cover only 17 cases, they show many similar characteristics. For instance, of the nine cases marked as ' deteriorated ' six had attacks within a week of their return home—a finding to be expected and certainly a reflection on their home conditions. Attacks appear to become more and more frequent in all cases, the longer the period from their discharge from the school. There are no definite signs that breathing exercises have prevented attacks, though in all cases a marked improvement has been seen in the child's lower thoracic breathing, whilst at Broughton Tower.

" These ' follow-up ' results of the first 17 asthma cases are disappointing. With one notable exception, the only children to remain well have been those suffering from a minor degree of asthma. The majority of the severe cases have quickly developed attacks, and in many cases, within three months of discharge from Broughton Tower any improvement gained by their stay there has been lost.

" The findings suggest that in severe asthmatic cases short term stay in a residential school, say six to nine months, even if accompanied by breathing exercises, is unlikely to have any permanent effect on the condition. The children are all, without exception, improved in Broughton Tower. The change in returning home appears to be too abrupt and very soon they relapse into their bad habits at home ; in many, the asthma must be regarded as a bad habit associated with the child's home. Children suffering from severe asthma should either stay in the school for a longer time, say two to three years, or else their condition should be helped by their attendance at a day special school for a year or more.

Debility.

" Eleven of the 15 children in this group continued to improve after discharge. Two remained stationary and in two the condition deteriorated. Only one child was recommended to return to Broughton Tower and 13 to continue in ordinary day school, whilst one child is attending a day special school.

" This group appears to have gained permanent benefit from a period in Broughton Tower—a finding which was most encouraging, especially in view of the fact that the home conditions of many of them are unsatisfactory.

Bronchietasis.

" ' Follow-up ' reports of this group have been as encouraging as the hopes expressed in the first Annual Clinical Report. Four of the six cases have improved. One has remained stationary and one has deteriorated. Five of the six cases were recommended to remain in an ordinary school and the sixth to be re-admitted to special school or hospital.

" Although these numbers are so small, I think there is little doubt that children suffering from bronchiectasis benefit permanently from special residential school treatment, especially when, as at Broughton Tower, there is a close liaison with the Consultant Chest Physician and Thoracic Surgeons.

Bronchitis.

" The majority of the six bronchitic cases have continued to remain well following discharge from Broughton Tower. Only one of the six was recommended for return to special school, the other five being fit enough to remain in ordinary schools.

Miscellaneous Groups.

" Eight of the nine children in this group have improved, including the cases of T.B. glands of the neck, rheumatic heart disease and T.B. Peritonitis. The one case to deteriorate has developed bronchitis since discharge."

General.

This first ' follow-up ' report, although it has covered only 53 children, has raised some interesting points. With the exception of the asthmatic group, the majority of the children have continued to do well since discharge from Broughton Tower ; for instance, excluding the asthmatic group, 31 out of the 36 children (or 86 per cent.) were considered fit enough to remain at ordinary school. Most of these children had improved and have probably benefited permanently by their stay at the special school.

' Follow-up ' reports in the asthmatic group have shown disappointing results, but this has pointed out a problem and emphasised it—what should be done for a severe asthmatic child ? Many of these asthmatic children are very intelligent. It would seem that the most likely and promising solution would be for these children to spend about a year in a residential special school, preferably before the age of eight, and then to go for one or two years to a day special school. The association between asthma attacks and the home is often too strong and the benefit obtained from a stay in Broughton Tower is soon lost.

Day Special Schools.

The six day open air schools at Darwen, Eccles, Nelson, Stretford, Swinton and Widnes continue to serve a most useful purpose and are of real value for children suffering from certain types of delicacy.

Other Residential Special Schools and Convalescent Homes.

During the year arrangements were made for 41 children to be admitted to nine residential schools under other education authorities and voluntary bodies. Two hundred and thirty-one children received treatment for periods of one, two and three months at 16 convalescent homes, many of them administered by the Manchester and Salford Invalid Children's Aid Association and the Liverpool Child Welfare Association.

Maladjusted Pupils.

Maladjusted pupils receive treatment at the child guidance clinics while continuing to attend school. There are some who require to be treated away from their homes and a few of these were found places in special schools or boarding homes. The Committee's boarding home at Rawtenstall was opened in 1948.

Brynbella, Rawtenstall.

The following report has been received from Dr. Louise Devlin, the psychiatrist in charge of the treatment of the boys in the hostel :—

Report on the Psychiatric Work done for Brynbella in 1949.

" Brynbella, during this year, was under my supervision and in this work I had the valued assistance of one of our psychiatric social workers. We admitted cases from all parts of the County area, provided that they were referred by any of our psychiatrists. We also arranged that, prior to admission, each child should be seen by me. This proved to be a great advantage, as it enabled me to decide whether it was advisable to admit a child at any particular time—or whether his admission should be deferred, taking into account, in each case, the interests of the child and also those of the group. For instance, it would not be advisable to have more than one or two children with psychopathic trends, however mild these trends might be, in the Hostel at any one time.

" The children attended regularly for treatment at Preston, and for the first half of the year, it was possible to see each child once weekly. As the number in residence increased however, this was not possible, as I could only give one day per week to this work. Unfortunately, therefore, some of the boys could not then be seen at weekly intervals, as by the end of the year sixteen were in residence.

" We felt, however, that it was well worth while continuing treatment, even though the amount of time for it was inadequate, and were confirmed in this view by our experience with children whom we had sent away to schools for maladjusted children in other areas, where—very often—they received no psychiatric treatment whatsoever. We found that in these cases a good deal of social improvement was effected but the children's neurotic difficulties were not really lessened. This state of affairs is, I think, to be expected since if a child is so severely disturbed as to warrant his admission to a school or hostel for maladjusted children he is obviously in need of psychiatric treatment as well.

" Our psychiatric social worker visited Brynbella very frequently during the year and also gave valuable help in interviewing the parents at the clinic and assisting them to amend any faulty attitudes which they showed in their dealings with the children. This work with the parents is of vital importance. If it is not done, the treatment of the child is, as a general rule, of little avail, as long as the child remains in his parents' care.

" We often experienced great difficulty in securing their co-operation; and in one case a boy was committed to an approved school largely because of his mother's complete inability to co-operate. She rejected him so badly that his neurotic stealing continued and the juvenile court finally committed him. Fortunately, in some other cases parental co-operation was finally secured after we had almost given up hope of it.

" It is not possible to sum up the results of treatment for the year, as apart from the boy who went to an approved school no children were discharged in 1949, but it is certainly possible to say that some of the children improved considerably.

" Our sincere thanks are given to the resident staff of Brynbella, who have co-operated with us in a most generous manner. I personally regret the fact that I have not had time to pay more than occasional visits to the Hostel, as the staff have always appreciated our visits and welcomed our help generally. We have had many discussions with them at the clinic about the children, and I feel that these discussions are a very necessary part of our responsibilities in the supervision of the Hostel. We are fortunate in having a resident staff who are so interested in their very difficult task, and who have given us a loyalty which we greatly appreciate."

CHILD GUIDANCE CLINICS.

There are three clinics in the County area, at Huyton, Failsworth and Blackburn, each with a psychiatrist as medical director, a whole-time psychiatric social worker and a part-time educational psychologist. These clinics are well established, that at Huyton having the largest number of sessions with a psychiatrist in attendance.

The following is a summary of the work done at the three clinics during 1949 :—

Number of Pupils.	Huyton.	Failsworth.	Blackburn.
Referred	87	138	47
Withdrawn from register	6	25	4
Given diagnostic interview	72	101	45
Found suitable for treatment ...	57	56	34
Unsuitable for treatment	15	45	11
Attended for treatment	32	26	13
Treatment completed	20	16	20
Much improved	14	8	2
Improved	4	...	7
No change	2	8	11

The numbers shown as having been given an initial diagnostic interview include not only, in the main, those referred during 1949, but a certain number also from the waiting list of the previous year. There are many reasons for unsuitability for treatment, the chief ones being educational subnormality and insurmountable obstacles to the establishment of co-operation with the home. Pupils not put on the waiting list for treatment may be recommended for special schools for educationally sub-normal pupils, or for schools or hostels for the maladjusted, or occasionally for mental hospital treatment.

Huyton.

Dr. Louise Devlin, the psychiatrist in charge of the Huyton clinic, reports as follows :—

" During the year we were fortunate in being able to move into new premises at the junction of Fairclough Road and Liverpool Road ; these premises are much larger than those which we formerly occupied and the extra amount of space is invaluable to us in our work.

" The speech clinic is also held in these new premises so that the essential liaison between the two clinics continues to be easily maintained.

" Owing to the necessity of taking up other work within the County area, it has been necessary for the psychiatrist to reduce the amount of time spent at this clinic and at the end of the year only three psychiatric sessions weekly (instead of five as previously) were held. This is particularly unfortunate, in view of the long list of children awaiting treatment and it is hoped that it may be possible to improve the situation at a later date. Meanwhile, our psychiatric social worker sees a few of the mothers whose children remain on the waiting list, and this helps to relieve their anxiety.

" In addition to the routine clinic work a great deal of time is spent by the staff in supervising and treating the families of those children whom we have sent away to residential schools and hostels. Four children from this area are now in our own hostel for maladjusted children, and three others are in residential schools or hostels in other parts of the country. When it becomes necessary to send a child away to a school or hostel for maladjusted children it usually follows that there is a good deal of emotional instability in the family and we have good reason to think of these families as our ' problem families ' who need much care and supervision. The time spent on them, however, is necessary and worth while ; for these children eventually return home and, without some amelioration of the parental attitudes, the benefit which the child receives while away from home is soon lost.

" Of the 87 cases referred to the psychiatrist during the year 1949, four were referred for the second time, this being due to some crisis in the child's life, or to the fact that owing to the lack of parental co-operation he had not previously completed his treatment. These 87 children have been graded into four main categories, according to the symptoms for which the children were referred ; but it must be remembered that the symptom gives no clue to the real cause of the trouble, *i.e.*, stealing may be due to some neurotic difficulty, or to psychopathic tendencies, or to mental defect.

" The four categories are as follows :—

(*a*) Children showing general signs of emotional strain (nervousness, fears, emotional or social retardation) 19

(*b*) Behaviour disorders (stealing, truanting, aggressive behaviour, absconding) 29

(*c*) Habit disorders (enuresis, nail-biting, stammering, etc.) 34

(*d*) Psychosomatic disorders (recurrent attacks of sickness, asthma, skin troubles) 5

Failsworth.

Dr. Gostynski, the psychiatrist in charge of the Failsworth clinic, where an additional psychiatrist has been appointed, reports as follows :—

" The clinic has had its first full working year without staff problems ; we have therefore been able to cope with the considerable influx of cases much better than in the previous year. This is particularly the case on the diagnostic side, where, with the exception of urgent cases, the average waiting period before an initial interview after reference amounts to three months. Conditions are far less satisfactory on the treatment side. As emphasised in last year's report, to cope with the treatment waiting list in proportion to the number of cases referred we should need at least another three or four treatment sessions per week. In order to reduce this heavy load of cases waiting for treatment we have begun to try out new ways of approach. These consist mainly of a strict application of principles of differential diagnosis during certain age groups and of subsequent adaptation of approach. I hope to be able to report in greater detail about this development in the future. We have also begun to develop a scheme of re-assessment and after-care of cases that have been seen here. While we have been unable, for reasons of shortage of time, to proceed with this scheme as quickly as we would have liked, we still feel it to be a necessity, permitting us to check our results. On the diagnostic side, an aspect has thrown itself into prominence which deserves special mention ; this is the shortage of suitable accommodation for backward children, either in special day schools or in special classes in ordinary schools. We find that many of our recommendations have in this respect not been carried out because no place could be found for the child. It would appear that sufficient provision for these children is an urgent need.

" Lastly, I would like to draw attention to the considerable number of meetings at which we had the opportunity of discussing child guidance matters with the school medical officers, teachers and parents. As a result of these meetings we feel that the child guidance clinic rests, for success or failure, on sufficiently close co-operation with the various factors of a child's environment, a condition which would probably be much more difficult to attain if the clinic were to become part of a general or mental hospital."

Blackburn.

In the absence of Dr. W. L. Hardman, the psychiatrist, who resigned during the year, Miss M. Pugh, the psychiatric social worker, reports as follows on the work of the clinic up to the month of September :—

" During the year the clinic moved to better premises in Lord Street, Blackburn, a move which was greatly appreciated by staff and patients. Two clinic sessions were held weekly from January to September.

" A marked feature during the year was the increase in the number of children needing special education of one kind or another. Five children were recommended for admission to a school for maladjusted children, four to educationally sub-normal schools, and only one to an approved school. There has been a noticeable increase in the demand for psychiatric interview in doubtful cases of delinquency, and probation officers and children's officers have made many requests.

" Another notable feature was the high I.Q's. of a proportion of the children referred. Seventeen children had I.Q's. of 112 plus, the highest being reached by a grammar school girl with an I.Q. of 167. This has, on the whole, tended to make the treatment, both of parent and child, more stimulating and beneficial. The most common symptom amongst these 17 has been pilfering, in six cases, followed by enuresis, in five cases. In only two cases child guidance treatment was considered unsuitable.

" During the year, one half hour each week has been reserved for old cases, or re-assessment of children who were doubtful starters or had been discharged. This enabled the clinic team to watch the progress of children not able to attend for treatment owing to lack of sessions, or, in many cases, due to the distance between home and clinic and who would otherwise not have been seen. Also it enabled the team to keep in touch with children who were discharged from the clinic and to give any further help which might be needed.

" From September to December only social visits and investigations were undertaken."

Speech Defects.

Speech therapy was carried out by two whole-time and four part-time speech therapists. The supply of qualified speech therapists is still extremely limited though there is a little improvement.

Every effort is made to carry out audiometer tests, ear, nose and throat examination and a general medical examination for those children recommended for speech therapy and, when possible, there is close co-operation with the child guidance team.

The following is a summary of the work done at the various centres :—

District.	No. attending for treatment.	Discharged cured.	Discharged improved.	Referred to Special School.	Treatment suspended.	Ceased attendance.	Still attending.
Accrington	34	3	4	...	1	1	25
Ashton-under Lyne	30	...	...	...	...	...	30
Bacup	22	6	...	...	...	...	...
Darwen	5	...	...	...	...	...	5
Denton	20	...	...	...	...	2	18
Eccles	20	3	...	...	...	3	14
Haslingden	23	7	...	...	2	...	...
Huyton	25	5	3	...	2	2	13
Lancaster	30	1	2	...	4	8	15
Lytham St. Annes	12	...	...	...	...	...	12
Nelson	30	...	...	...	1	...	29
Preston	13	...	...	...	...	3	10
Rawtenstall	32	5	1	...	1	2	23
Stretford	29	3	2	2	7	1	14
Swinton	17	4	1	...	1	1	10
Thornton Cleveleys	13	1	...	...	...	1	11
Urmston	21	4	...	...	4	4	9
Widnes	45	17	4	1	...	1	22
Total	421	59	17	3	23	29	260

The following remarks are taken from the reports of Miss M. B. Mortimer, speech therapist to the Eccles, Stretford, Swinton and Urmston areas.

Eccles.

" During the year 86 clinical sessions were held at this well appointed speech centre and 20 school children made 431 attendances for regular treatment. Twenty-one consultations or supervisions were accorded to 10 school children, five of whom were subsequently admitted and are included in the 20 mentioned above.

" Absences remain high, 220, just over half the total of attendances, though the wastage of time thus previously occasioned was offset by taking both stammering and cleft palate cases in small groups, often just two children together, always endeavouring to give a little time to each individual for his special needs.

Details of Cases.

" There were seven cleft palates, including one with stammer, an unusually large number for an area of this size. Four were boys aged from eight to eleven, and three were girls aged seven, ten and fifteen : of these the eldest girl left school, and the clinic, with speech still indistinct and much work still to be done on account of lack of home co-operation. The eight year old boy was discharged with good clear speech, which was certainly not nasal, and with no trace of the stammer he had when first attending.

" The seven year old girl started treatment with only M and N sounds available and no idea of breath direction. Speech therapy is badly needed in this case and it is unfortunate that attendance lapsed after three months and was not resumed. The twelve year old girl had merely a faulty S sound which responded well to treatment.

" The other eight year old boy made splendid progress and was retained merely for fortnightly then monthly supervision, having perfected his speech from unintelligibility to normal. His palatal repair was, of course, excellent and he had always displayed a great will to assist from an early age ; co-operation of parent and teacher left little to be desired and the results were amply demonstrated.

" The eleven year old boy in this category continued to make very slight progress : his mental capacity does not permit of any great steps being taken in this direction.

" The remaining cleft palate case, a boy of 10 years, suffers from defective hearing which impedes his progress greatly. He already attends for lip reading classes and is to have a hearing aid which should help him to improve his speech. It is difficult enough for a child, or adult, with imperfect palatal action to attempt to reproduce sounds he hears : to try to imitate a sound he does not even hear correctly is obviously well-nigh impossible.

" There were eight stammerers, the ages being from five to fourteen.

" Of the boys, two made very good progress, two fairly good and one was discharged with normal speech. Of the girls, one who was epileptic had an enthusiastic report from school complimenting her on her increased fluency. The almost speechless 14 year old, who was previously interviewed in 1947 and 1948, has a poor background and the speech defect is familial. She was admitted at the urgent request of Mr. Pickles, whose lip reading classes she was attending. For health reasons she was excluded from school after she had made only nine attendances here and she has made no effort to resume treatment.

" The young stammerer with the ' lisp ' was discharged, having made satisfactory progress after five months' treatment and subsequent supervision has shown that the improvement has been maintained.

" There were five multiple dyslalias, aged five to fourteen.

" The nine year old girl has made excellent progress after attending with her aunt, who takes a much more lively interest in the treatment than the mother did. The eldest boy has had his gross superior protrusion corrected at the Manchester Dental Hospital and will soon be discharged. The youngest was discharged satisfactorily after four months' treatment. The eight year old ceased attending owing to illness of parent, but the school later reported that speech was normal. The twelve year old with hypo rhinophonia made slow but steady progress during the year.

" Throughout the year student health visitors have visited this clinic in twos and spent a morning or afternoon watching treatment and discussing cases between relaxation sessions, which again proved very popular. While this does impede work to a certain degree, it was felt to be well worth while to give these future school nurses and health visitors an insight into the workings of a speech clinic and some idea of its aims and scope.

Davyhulme (Urmston).

" Amongst those treated at the clinic was a boy cleft palate, re-admitted after two years at the Moor House Residential School for Speech Therapy, Oxted, Surrey, from which he had derived benefit from the point of view of speech, though not enjoying the communal life and remaining rather a misfit. He was referred to the child guidance clinic on his return to Davyhulme. Speech treatment was suspended after six visits to give him time to settle and to attend the child guidance clinic and also the Manchester Dental Hospital where he was given priority for his much needed new obturator.

" Two cases of cerebral palsy, girls aged seven years, made good progress during the year.

Stretford (Mitford Street).

" During the 42 morning sessions held here in the year 13 school children made 187 attendances for regular weekly treatment and five more attended for consultation only, while five attended for supervision. There were five admissions, five discharges and the absences were again high, 105 broken appointments to balance 203 that were kept.

" We are now attempting to alleviate this ill by taking most of the children in twos : wherever practicable and whenever possible they still have individual treatment. The stammerers, however, and those dyslalias still attending weekly for association of the proper speech sounds often prefer to be in a small group and the work can still be managed in this way.

Details of Cases.

" There were two cleft palates, a boy 14 years and a girl 11 years both awaiting further prosthesis. There were four stammerers, seven to eleven, and five multiple dyslalias, aged six to ten. There were also two dyslalias, aged six and eleven years.

" Mothers of young stammerers are invited to attend lunch time relaxing sessions with or without the children. No pre-school stammerers are treated without mothers.

Stretford (Old Trafford).

" Forty-two clinical sessions were held here during the year and while the existing treatment rooms are admirable it is hoped that next year we may use the large orthopædic room equipped with a certain amount of gymnasium apparatus adjoining the rooms already in use. This would be excellent for the stammerers, who now attend in a small group which they seem to prefer to purely individual treatment.

" Demonstrations of relaxation, as practised by the stammerers, continue to prove very popular with clinic staff and parents and the speech clinic now occasionally copes with nervous children awaiting dental treatment by letting them relax with the stammerers. Mothers with migraine figure largely on the lunch hour list and school nurses, too, declare they have derived much personal benefit from it and have applied it successfully in many and various cases.

" The large proportion of fathers bringing children to this clinic is noteworthy ; several of them supervise the home practice too. They are most interested and their attendance is welcomed.

" The school nurses have been very helpful at this clinic, both with ' rounding-up visits,' finding suitable cases and shedding light on problems and home situations by reason of their thorough knowledge of the child since birth. I am deeply grateful for their help.

Swinton.

" Alterations are being made in the large old house where this clinic is held and we learn that shortly a spacious, sunny room commanding a fine view of the park will be available in place of the two rooms we already use.

" Two sessions continued to be held weekly and happily the flood of cases referred from outside areas diminished slightly.

" It was not possible to admit or even review more than a small percentage of those children we would have wished to see again, but 22 attended for consultation ; two of these were reviewed during the year and seven were admitted for regular weekly treatment. A further eight children who had attended for consultation in previous years were reviewed. Of these two were admitted, both stammerers. Seventeen children were treated regularly throughout the year and there were seven discharges, leaving 13 children on the register at the year end.

Progress made during the year.

" The most gratifying improvement was noticeable in the case of the 14 year old boy with repaired cleft palate who, after 12 months' treatment, starting with absolutely no recognisable speech sounds apart from M, N and NG, had mastered every sound used in the English spoken language and could use these in conversation and in different combinations. It was astounding to hear from school that ' no improvement was noticeable,' and upon personal investigation this was found to mean that ' he still speaks with a muffled voice and seems to be making a conscious effort to get things clear.'

" It is a fact that the speech heard in the clinic is by no means always adhered to in play or spontaneous conversation, but those who judge the results of this work should realise that where there is faulty mechanism, *e.g.*, a shortened soft palate preventing correct closure, ' improvement ' should be gauged step by step and completely normal speech not expected. It is intelligibility for which we strive.

" The boy mentioned here had eradicated an unpleasant facial grimace and his progress was most noteworthy. Such lack of appreciation is, fortunately, seldom encountered, though perhaps the lack of perfection in the speech of children we discharge is sometimes the subject of comment we do not always hear. So much depends upon the extent of knowledge which the school staff has of the problem. Rarely do the parents, or really interested teachers, react in this way, being more inclined generally to think that once progress has started it will roll happily along without further visits to the clinic ' because he (or she) is doing nicely now.' Fortunately they are usually amenable to reason and do not cease attending at this point."

The following remarks are taken from reports by Miss A. E. M. Paull, speech therapist to the Preston, Huyton, Thornton and St. Annes areas.

PRESTON.

" This clinic was opened at the beginning of October to serve the County area around Preston and has now been running three months, during which time consultations and treatment have been proceeding. As it serves a wide area, there was at once a great number of referrals from the various medical officers and at the end of the year 36 were on the clinic register, of whom 13 received regular treatment. Of these, five were stammerers, six miscellaneous and two had cleft palate. Both of the latter cases were referred from another clinic and it has been interesting to compare their progress during these few months. Both are boys, one has a repaired soft palate, and the other a repaired complete cl ft, including lip. The first has had two years previous treatment and the second a year. They had very nasal speech with the omission of several sounds when they commenced treatment here. The second boy, though a more severe case surgically, has made great improvement, whilst the former lags behind. Intelligence tests for both solved the problem. The second boy, being considerably brighter, is able not only to do the exercises, etc., but can use his corrected sounds in ordinary speech whilst the other boy fails to associate.

" The main difficulty in the running of this clinic is the distance which many of the children have to travel in order to receive treatment. It is essential to obtain parental co-operation here, for most of the patients have to be escorted to the clinic and unless the parent is keen for the child to receive help with his speech, attendance is irregular and results cannot be satisfactory. In some cases, even if the parents wish to help, they are not able, for work or the presence of younger members of the family prevents them from bringing the child to the clinic. They, therefore, have to manage with just an occasional visit for guidance.

" This clinic is growing rapidly and there will soon be enough work for several sessions per week.

HUYTON.

" Huyton clinic has been in existance for several years, but had to be closed in June owing to lack of staff. In September, however, it was restarted with sessions one day a week.

" Here the excellent co-operation between the child guidance department and the speech therapist makes work much easier and results more satisfactory. Prospective patients first have a consultation with the psychologist to assess their intelligence and also have a diagnostic interview with the psychiatrist if necessary. This often straightens out some problems and gives an idea of the child's abilities before commencing treatment.

" So far it has not been found possible to visit any of the schools, but the various medical officers forward the cases they find at school inspections and most of the parents are co-operative in coming to interviews to discuss their various problems and those of their children.

ST. ANNES.

" The clinic was started in the Public Offices, St. Annes, in October to serve St. Annes and Lytham district. Two sessions a week were given to treatment and visiting, respectively, at the beginning, but have now been increased to two treatment sessions and occasional visits. There were at the end of the year 21 on the register, of whom 12 were under regular treatment, four stammerers, seven miscellaneous, one cleft palate.

" The health visitors in this district have been most helpful in providing background details and advising upon which families are most likely to be co-operative, and checking absentees. The head teachers of the various schools have also helped in every way possible and are interested in the actual work of the clinic. Student health visitors have attended individually at some treatment sessions.

THORNTON.

" A speech therapy department was started at the Thornton school clinic in October to serve the Thornton, Cleveleys and Fleetwood area. After one or two visits to schools in the immediate vicinity a sufficient number of prospective patients were found to commence treatment one sessions per week. Another session was employed in visiting the other schools in Thornton and Cleveleys, so that by the end of the year there were 34 children on the register, of whom 13 are under regular treatment, six stammerers and seven others. Two treatment sessions are being worked.

" Here one great aid to the successful running of the clinic is the good average attendance. Many of the children are able to come by themselves, and thanks to the co-operation of the schools, usually attend regularly and on time. The parents are also quite keen and co-operative.

" This is a fairly compact district to be served by a clinic and, although there is likely to be a fair number on the waiting list soon, it should be a successful clinic."

Partially Deaf Pupils.

The two teachers appointed specially for work among those pupils who are partially deaf took up their duties towards the end of 1948 and got well into their stride in 1949. They were each made responsible for dealing with partially deaf children attending ordinary schools within a region, Mr. Pickles for the County area around Manchester and Miss Naylor for that around Liverpool. Their work had two sides, on the one hand the testing of children to assess the degree of deafness and on the other the holding of lip reading classes for those found to be in need of this form of help. At first, the whole time was necessarily spent in conducting audiometric tests and as it was quite out of the question to test children of all ages in a wide area, it was decided to limit the general survey work to one or more age groups. It was subsequently arranged that this side of the work should be limited to the ten year olds, but that at all schools visited teachers should be asked to bring children forward for testing whose hearing they had reason to doubt. The procedure is that those not passing the gramophone audiometer test are examined individually with the pure-tone audiometer, which gives more precise information on which to base recommendations for treatment. A certain number require tuition in lip reading as well as a hearing aid and classes are arranged in the different areas as they are needed.

The proportion of time spent by the teachers in testing hearing and in taking classes for lip reading fluctuates considerably from time to time, but as a rule, after the preliminary period, tuition in lip reading occupies them for rather more than half of their time. There is also much variation in the needs of individual children and while most make satisfactory progress by attending for a period of 45 minutes, it is already evident that others, the more backward ones, need a whole morning or afternoon if they are to receive real benefit from the classes. In these cases a good deal of individual coaching is given which is, of course, of great value to the child.

There is little doubt that the ability to lip read of children attending the classes is much improved though, as Mr. Pickles has pointed out in one of his reports, it is important that methods should be devised, if possible, to measure more accurately the extent of this improvement. We should then be in a strong position to assess the value of this work to the children in helping them to derive the fullest benefit from their education. This must be constantly kept in view as the main object and procedure must therefore be flexible and adapted, wherever necessary, to this end.

The following extracts are from the teachers' reports :—

Mr. Pickles.

" Work was carried out in Education Divisions 18, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 34, 35 and Stretford. This included survey work with the gramophone audiometer, clinical work with the pure tone audiometer and the teaching of lip reading.

Gramophone Audiometry.

" In Education Divisions 18, 23, 24, 26, 27, 28, 31 and 32 survey work was done on children aged ten. Head teachers were also asked to submit names of any other children suspected of having defective hearing. Altogether, 3,846 children were tested, including 3,366 ten year olds. The following is an analysis of the results obtained in testing the latter :—

No Defect.	Failed one ear only at 9 db or over.	Failed both ears. Better ear at 9–12 db.	Failed both ears. Better ear at 24 db or over.	Total Failures.
3,038	251 (7·46%)	75 (2·23%)	2 (0·06%)	328 (9·74%)

Pure Tone Audiometry.

" Work was carried out in Education Divisions 18, 23, 24, 25, 26, 27, 28, 29, 30, 31, 34, 35 and Stretford. Altogether, 503 children were tested. These consisted of children who had already been tested by gramophone audiometer and cases specially submitted by medical officers and head teachers.

Lip Reading Classes.

" These have been in progress at Eccles, Farnworth, Flixton, Heywood, Radcliffe, Stretford, Swinton, Walkden and Whitefield. The numbers on roll have varied from two to fifteen. The following list shows the percentage of attendances at the various centres, counting satisfactorily explained absences as attendances :—

Flixton	100 per cent.
Whitefield	98 per cent.
Swinton	89 per cent.
Heywood	80 per cent.
Eccles	76 per cent.
Farnworth	70 per cent.
Walkden	66 per cent.
Radcliffe	60 per cent.
Stretford	46 per cent."

Miss Naylor.

" Details of audiometer tests carried out in Education Divisions 17, 21 and Widnes are as follows :—

	17	21	Widnes.	Total.
No. tested with G.A.	937 ...	1,782 ...	804 ...	3,523
No. tested with P.T.A.	93 ...	230 ...	193 ...	516
No. requiring additional help ...	45 ...	57 ...	72 ...	174

" Lip reading classes were held in Division 21 and in Widnes. Several parents of children requested to attend lip reading classes have refused to allow their children to do so, some for religious reasons, some in the fallacious belief that a child's ability to lip read will lessen his ability to hear, and some asserting, against all evidence to the contrary, that " he can hear if he wants to." Persuasion and reasoning by the head teachers of the children concerned has been of no avail. That the part-time lip reading classes are of use is shown by reports from some teachers that a child's attitude to work has changed since he started attending the classes, thus proving that his self-confidence has increased.

" It is intended that children who are educationally backward as a result of having considerably defective hearing should attend half-day classes for remedial teaching in English and Arithmetic with, where required, training in the use of a hearing aid and speech improvement exercises. Members of such classes will normally be drawn from current lip reading classes and from those children referred for special teaching by head teachers or medical officers."

Physically Handicapped Pupils.

Physically handicapped pupils are those who, due to disease or crippling defect, cannot be satisfactorily educated in an ordinary school. There is a great shortage of accommodation in special schools for these children and the County Council have acquired three properties for this purpose, one of which, at Silverdale, was opened in 1948.

Bleasdale House, Silverdale.

This is situated in the village of Silverdale a few minutes' walk from the coast, and sufficiently above sea level to command extensive views across Morecambe Bay to the Furness coast of Lancashire on the far side. With comparatively little adaptation it was possible to open this school, intended for boys, with 20 pupils, in the spring of 1949. Plans were approved for further adaptation to allow the accommodation to be increased to 40.

Miss G. I. Davidson, previously Sister-in-Charge, Orthopædic Department, Manchester Royal Infirmary, was appointed matron. She is assisted by a deputy and five house-mothers in supervising the nursing care and welfare of the children. Miss H. Brown, assistant teacher at Broughton Tower, was appointed head teacher and her work is shared by an assistant. All staff work together as a team to the great advantage of the children, many of whom are severe cripples, have never previously attended any school and have had little experience of the life generally enjoyed by normal children.

The following list indicates the variety of the defects in the first 20 boys admitted. More than half were severe spastics of different types. Some of these had other defects in addition.

Spastic paralysis	14
Multiple congenital defects	2
Muscular dystrophy	1
Arthrogryphosis	1
Friedreich's ataxia	1
Hæmophilia	1

The ages range from six to thirteen years.

In view of the long period these children are likely to remain at the school and of the vital need for them to maintain close touch with their homes and families, they return home for holidays, a month in the summer and about a fortnight at Christmas and Easter. These visits to their homes have no unsettling effect, except perhaps for a very short time in a few cases. The general result is wholly good as they look forward to the holidays and have much to talk about on their return. Parents also visit the school once a month.

The following is a report from Miss Hilda Brown, the head teacher :—

" Of 20 boys admitted nine had received no education at all, two had attended a day open air school, one an Occupational Centre and another had been taught by a home teacher for about a year. Seven boys had been admitted to primary schools but of these only two had been able to attend school regularly.

" Although the age range was considerable, it was found possible to group the children into two classes of ten boys each, corresponding roughly to the infant and junior departments of a small school. For some time, only seven of these 20 boys could make any attempt at reading and of these, only one could read with any fluency.

" It was realised from the outset that the major problem of these boys was not only their lack of education, but their very limited knowledge of the experiences and habits which a normal child acquires incidentally. Because of their handicaps, little or nothing had been expected of them. As a result, they had not 'learned by doing,' nor had they been afforded the opportunities to develop their capabilities.

" The change from home life to the community life of a residential school, with its social contacts, new interests and activities, had a marked effect on the boys. For the first time the majority were able to enjoy the experiences of normal children. The lessons, games, gardening, picnics and excursions to places of interest, the visits of a film unit and the occasional contacts with visiting children, all combined to produce a change of expression, a liveliness in action and conversation, which had hitherto been absent.

" They approached each new experience with enthusiasm and with an eagerness to learn which was most heartening. Their periods of frustration lessened considerably and in learning to do more for themselves, their latent abilities were encouraged. In school they derived much satisfaction from their first small achievements in art, music and handwork especially.

" Contact with their homes has been maintained through the regular visits of the parents to Silverdale. These visits, together with the holidays spent at home have been of the utmost value to the children.

" There is no doubt that the boys have benefited in every way from their first year at Bleasdale House. Each member of the staff by co-operation and concern for the children has contributed to this improvement in their mental and physical well being."

DENTAL REPORT, 1949.

The Senior Dental Officer, Dr. I. F. McAsh, reports as follows :—

Staff.

At the end of the year the staff of whole-time dental officers numbered 32, compared with 34 in 1948.

One addition was made to the part-time staff, bringing the total of this class of officer to 10, and giving a whole-time equivalent of 35 for the entire staff of dentists engaged in the routine supervision of school children.

In addition to the above and not included in the staff total eight specialists were employed on a sessional basis on duties connected with the dental service, two as orthodontists and six as anæsthetists.

The appointment of specialists in anæsthesia was not a feature of the County Dental Service until 1948, when the increasing demand for dental treatment together with a diminishing staff of dentists made it necessary to seek assistance wherever it could be found. Prior to 1948, it was customary for two dental officers and their attendants to work together at general anæsthetic sessions and this arrangement, which is still in force in many areas, functioned most satisfactorily. Additional dental officers could not be recruited, but it was possible to obtain the services of specialist anæsthetists and by so doing to release dental officers from anæsthetic duties and enable them to spend more time on purely dental work in their own clinics. The appointment of two anæsthetists during the year brought the total of such officers now employed to six, all on a part-time basis.

Each dental officer had the assistance of a dental attendant, while one attendant was employed in the orthodontic service and one undertook relief duty throughout the County.

Dental practice in the National Health Service proved sufficiently attractive to induce five whole-time officers to resign from their posts with the County Council. All were men of many years experience in school dentistry and their going was a loss of considerable magnitude which it will prove difficult to make good. The response to advertisements for dental officers in the professional and lay press was limited. It was found possible to make three appointments of whole-time officers during the year which allowed of the re-opening of four clinics. One temporary part-time appointment was made enabling work in a fifth clinic to be, in some measure, resumed.

Dental Clinics.

The end of the year saw the number of clinics closed for lack of staff reach 10 out of the total of 74 dental clinics established in the County area. The districts affected were Ashton-under-Lyne, Rishton, Oswaldtwistle, Blackburn Rural, Chorley Borough, Bacup, Irlam, Urmston, Nelson and Padiham.

The care and disposal of dental equipment which had fallen into disuse through the closure of clinics received attention. Anæsthetic apparatus and electrical equipment are liable to suffer rapid deterioration when not in regular use, particularly in the presence of damp. It was decided that, as no limit could be put to the duration of closure of these clinics, any replacements of large items of equipment found to be necessary in functioning clinics should be made from apparatus lying idle, and this was done throughout the year. Periodic visits of inspection ensured, as far as possible, that the remaining equipment and instruments were maintained in the best possible condition.

School Children.

The major part of the time of the dental staff was devoted to the inspection and treatment of children in attendance at nursery, primary, and secondary modern schools maintained by the County Council. Twelve secondary grammar schools have now been included in the routine dental scheme, but further expansion towards the inclusion of grammar schools has been prevented by the failure to recruit dental officers.

Emergency treatment is provided for the pupils of all secondary grammar schools, but the lack of a scheme of periodic supervision for the majority of pupils attending these schools is a serious defect in the service and must nullify much of the value of the dental attention received in earlier years.

The changes in staff that took place during the year resulted in a reduction in the total amount of work as shown in the annual return.

Throughout the year dental officers paid periodic visits of inspection to 492 schools, compared with 612 visited last year, these figures representing 42 per cent. and 52 per cent. of the total number of schools in the County administrative area. In relation to the number of schools covered by the routine dental scheme 58 per cent. were visited in 1949, in comparison with 70 per cent. in the previous year.

The number of children inspected during periodic visits to schools was 99,134 or 38 per cent. of the total school population and 47 per cent. of children on the rolls of schools included in the scheme. This figure represents a reduction of 25,202 from last year's total of periodic inspections.

The child dental officer ratio remained at approximately 6,000 to 1 in most areas. This must be considered too high for adequate supervision, particularly when it is borne in mind that many officers are responsible for the provision of emergency treatment for children attending schools outside the routine scheme, and that all officers are required to devote an increasing proportion of their time to the care of mothers and young children.

The number of casual patients, *i.e.*, children attending the clinic otherwise than as a result of periodic school inspection and for the most part suffering from toothache, has a considerable bearing on the amount of periodic and progressive work that a dental officer is able to handle. The volume of casual work is largely dependent on two conditions, the child dental officer ratio and the situation of the clinic in relation to schools not catered for by the routine scheme. Where the child dental officer ratio is too high the interval between school inspections is correspondingly in excess of twelve months, with a resulting increase in the number of casual patients. If the clinic is adjacent to areas not included in the dental scheme the dental officer is inundated with requests for emergency treatment. Casual treatment of this nature must be regarded as playing little or no part in preventive dentistry and it is important that it should be kept to a minimum by adequate staffing.

It is particularly unfortunate that the dearth of school dentists should render any improvement in this direction a practical impossibility at the present time, as prior to 1948 a start had been made in some areas towards a reduction in the child dental officer ratio. Extremes of difference are instanced by two areas, in one of which casual patients formed six per cent. of the total number of children inspected by the dental officer while in the second area 33 per cent. of children inspected came into the casual category.

The encroachment upon the time available for the treatment of school children by the priority service for mothers and young children which was noted in last year's report increased in 1949. The value of adequate supervision of young children in any scheme of preventive dentistry cannot be too strongly emphasised, provided that an adequate follow-up is maintained throughout the school years.

When it became evident that the operation of the National Health Service Act of 1946 would result in a shortage of public dental officers it was decided to maintain, as far as possible, the scheme of periodic school inspections and treatment, built up over a period of years, upon which, as a factor in the larger field of preventive medicine, the dental service is based. Any attempt to institute an emergency scheme throughout the County when it was apparent that further staff resignations were imminent could only result in the substitution of a break-down service for what was still, although diminished, an ordered system of dental care and supervision. In view of this decision, on the occasion of a vacancy occurring which could not be filled either by whole or part-time appointment, the dental clinic affected was closed. The end of the year brought the number of school children deprived of routine dental care as a direct result of staff resignations to 28,000.

Table 4* shows the amount of work carried out by dental officers in connection with the inspection and treatment of school children.

For every 100 children treated 45 fillings were inserted in permanent teeth, while 28 carious permanent teeth and 154 temporary teeth were extracted.

*** For this table please refer to Appendix.**

Reference to the following table shows a considerable increase in the percentage of children inspected who were found to be in need of treatment. This figure has not exceeded 60 since the year 1941.

Year.	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949
Percentage of those inspected found to require treatment	69·6	68·3	59·3	57·7	54·9	54·2	56·9	55·6	54·8	62·5
Percentage actually treated	78·4	66·7	69·6	69·0	68·3	68·2	67·8	73·7	76·1	73·8

A number of dental officers have reported an apparent increase in the incidence of dental caries, particularly among the lower age groups. A steady drop in the percentage of children inspected who required treatment took place from 1940 to 1944. From 1945 to 1948 the figure remained at approximately the same level and is now showing an upward trend. The latest figure of 62·5 per cent. is in accord with the findings of Lady Mellanby in her inquiry, held in 1949, into the dental structure and caries in five year old children attending London County Council schools. Following upon this investigation Lady Mellanby stated that " the gradual inprovement in the dental condition previously noted was not maintained ; there was indeed a falling off in 1949." If this apparent increase in the incidence of dental caries in young children is confirmed, additional efforts will be necessary to provide dental supervision for children of pre-school age in order that the advanced dental decay in school entrants reported by observers with increasing frequency may be prevented.

Special Schools.

Periodic dental inspection was carried out at Broughton Tower residential school for delicate children, and at Bleasdale House special school for physically handicapped children. Treatment was provided at the Ulverston and Carnforth Clinics. The treatment of these children, the physically handicapped in particular, calls not only for considerable time and patience, but also for the services of a dental surgeon with much experience in children's work.

Orthodontic Clinics.

A fourth special clinic for the treatment of orthodontic defects was opened during the year at Waterloo, near Liverpool. The pre-existing clinics at Failsworth, Huyton and Blackburn are all working to capacity and it is probable that some expansion of this branch of the dental service will be required if all the requests for treatment are to be met.

The following table shows the amount of work carried out at the orthodontic clinics during the year :—

	No. of Treatment Sessions.	No. of Individual Cases.	No. of Attendances.	No. of New Cases.	No. of Completed Cases.	No. of New Appliances Inserted.
Failsworth ...	176	268	911	154	50	90
Blackburn ...	44	74	219	49	14	28
Huyton ...	84	102	482	53	10	77
Waterloo ...	41	63	281	43	9	45
Total ...	345	507	1,893	299	83	240

APPENDIX.

STATISTICAL TABLES IN RESPECT OF THE PERIODIC MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS DURING THE YEAR ENDED 31ST DECEMBER, 1949.

Table 1.

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS.

A.—Periodic Medical Inspections.

Number of Schools in which Periodic Medical Inspection was completed	932
Number of Inspections in the prescribed Groups—	
Entrants	35,195
Second Age Group	22,252
Third Age Group	15,473
Total	72,920
Number of Parents present	33,060

B.—Other Inspections.

Number of Special Inspections	45,091
Number of Re-inspections	48,982
Total	94,073
Number of Parents present	27,687

C.—Pupils Found to Require Treatment.

NUMBER OF *Individual Pupils* FOUND AT *Periodic* MEDICAL INSPECTION TO REQUIRE TREATMENT (EXCLUDING DENTAL DISEASES AND INFESTATION WITH VERMIN).

Group.	Defective Vision (excluding squint).	All Defects Recorded in Table 2 (A) (excluding Defective Vision).	Total (Individual Children).
Entrants	413	5,968	6,283
Second Age Group	1,548	2,263	3,687
Third Age Group	1,139	1,269	2,330
TOTAL	3,100	9,500	12,300

Table 2.

A.—Return of Defects found by Medical Inspection in the Year ended 31st December, 1949.

	Periodic Inspections.	Special Inspections.
Number of Pupils examined	72,920 ...	45,091

Disease or Defect.	Periodic Inspections. No. of Defects. Requiring Treatment.	Periodic Inspections. No. of Defects. Requiring to be kept under observation, but *not* requiring Treatment.	Special Inspections. No. of Defects. Requiring Treatment.	Special Inspections. No. of Defects. Requiring to be kept under observation, but *not* requiring Treatment.
Skin	1,046	867	4,076	213
Eyes—				
Vision	3,100	2,915	1,736	623
Squint	645	704	363	130
Other	387	333	1,368	173
Ears—				
Hearing	135	303	333	160
Otitis Media	253	337	744	62
Other	292	328	1,092	213
Nose or Throat	3,141	8,028	4,670	1,752
Speech	147	513	361	193
Cervical Glands	183	2,572	265	436
Heart and Circulation	175	1,276	309	295
Lungs	327	1,507	735	391
Developmental—				
Hernia	85	233	29	32
Other	51	454	31	60
Orthopædic—				
Posture	384	787	92	73
Flat-foot	626	813	273	181
Other	781	1,662	987	327
Nervous System—				
Epilepsy	8	57	19	24
Other	109	322	200	130
Psychological				
Development	52	318	179	144
Stability	51	441	155	118
Other	1,432	1,468	9,348	2,913
Total	13,410	26,238	27,365	8,643

B.—Classification of the General Condition of Pupils Inspected during the Year in the Age Groups.

Age-Groups.	Number of Pupils Inspected.	A (Good). No.	A (Good). %	B (Fair). No.	B (Fair). %	C (Poor). No.	C (Poor). %
Entrants	35,195	14,192	40·32	20,008	56·85	995	2·83
Second Age-Group ...	22,252	8,286	37·24	13,266	59·62	700	3·14
Third Age-Group ...	15,473	6,911	44·66	8,131	52·55	431	2·79
Total	72,920	29,389	40·31	41,405	56·78	2,126	2·91

Table 3.

RETURN OF DEFECTS UNDER TREATMENT DURING THE YEAR ENDED 31ST DECEMBER, 1949.

TREATMENT TABLES.

Group I.—Minor Ailments (excluding Uncleanliness).

DISEASE OR DEFECT.	No. of Defects treated or under Treatment during the year.
Skin—	
Ringworm—Scalp—	
(i.) X-Ray Treatment	32
(ii.) Other Treatment	53
Ringworm—Body	103
Scabies	405
Impetigo	1,613
Other Skin Diseases	6,283
Eye Disease	3,607
Ear Defects	3,286
Miscellaneous (*e.g.*, minor injuries, bruises, sores, chilblains, etc.)	26,721
Total	42,103
Number of attendances at Minor Ailments Clinics	182,124

Group II.—Defective Vision and Squint.

(excluding Eye Disease treated as Minor Ailments).

No. of Defects Dealt With.		No. of Children for whom Spectacles Were :—	
Errors of Refraction (Including Squint).	Other Defect or Disease of the Eyes.	Prescribed.	Obtained.
16,023	627	10,328	2,717

Group III.—Treatment of Defects of Nose and Throat.

Received Operative Treatment.		Received Other Forms of Treatment.	Total Number Treated. (Individuals).
For Adenoids and Chronic Tonsillitis.	For other Nose and Throat Conditions.		
3,633	115	1,913	5,661

Group IV.—Orthopædic and Postural Defects.

Number Treated as In-Patients in Hospitals or Hospital Schools	378
Number Treated Otherwise, *e.g.*, in Clinics or Out-Patient Departments	5,228

Group V.—Child Guidance Treatment and Speech Therapy.

Number of Pupils Treated (*a*) under Child Guidance Arrangements	71
(*b*) under Speech Therapy Arrangements	364

Table 4.

DENTAL INSPECTION AND TREATMENT.

(1) Number of Pupils inspected by the School Dental Officers :—		
(*a*) Periodic Age Groups	Under 5	4,415
	Age 5	10,224
	Age 6	10,929
	Age 7	10,518
	Age 8	10,096
	Age 9	9,790
	Age 10	10,206
	Age 11	9,096
	Age 12	7,740
	Age 13	7,538
	Age 14	6,632
	Age 15	1,635
	Over 15	315
Total		99,134
(*b*) Specials		21,166
(*c*) Total (Periodic and Specials)		120,300
(2) Number found to require treatment		75,189
(3) Number actually treated		55,531
(4) Attendances made by children for treatment		94,254
(5) Half-days devoted to	Inspection	984
	Treatment	12,938
(6) Fillings	Permanent teeth	24,934
	Temporary teeth	3,236
(7) Extractions	Permanent teeth	19,554
	Temporary teeth	85,640
(8) Administrations of general anæsthetics for extractions		30,559
(9) Other operations	Permanent teeth	11,310
	Temporary teeth	15,068
(10) Orthodontic operations		2,938

Table 5.

INFESTATION WITH VERMIN.

(1) Total number of visits paid to schools	9,042
(2) Average number of visits per school made during the year by the school nurses	7·6
(3) Total number of examinations of children in the schools by school nurses	548,852
(4) Number of individual children found unclean	18,593

Table 6.

Handicapped Pupils Requiring Education at Special Schools or Boarding in Boarding Homes.

	Blind.	Partially Sighted.	Deaf.	Partially Deaf.	Delicate.	Physically Handicapped.	Educationally Subnormal.	Maladjusted.	Epileptic.	Total.
During 1949—										
Handicapped Pupils—newly placed in Special Schools or Homes	20	9	16	17	320	28	49	9	4	472
Newly ascertained as requiring education at Special Schools ...	23	13	22	18	333	52	229	17	12	719
On 1st December, 1949—										
No. of Handicapped Pupils :—										
(i.) attending Special Schools as—										
(*a*) Day Pupils	...	4	11	8	510	2	63	...	...	598
(*b*) Boarding Pupils	49	55	99	71	36	33	31	...	24	398
(ii.) boarded in Homes	...	...	...	...	2	...	...	19	...	21
(iii.) attending Assisted Schools	...	...	...	...	4	...	...	6	...	10
Total	49	59	110	79	552	35	94	25	24	1,027
No. of Handicapped Pupils requiring places in Special Schools or Homes, but remaining unplaced	3	4	6	1	202	118	585	25	26	970
No. of Handicapped Pupils receiving Home Tuition	...	...	...	...	3	15	6	...	1	25

Number of children reported during the year under the Education Act, 1944, Section 57 (3), 162 ; Section 57 (4), nil.